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The American Journal of Clinical Medicine

EDITORIAL CABINET

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DR. EMORY LANPHEAR
DR. A. S. BURDICK

VOL. 13 JUNE, 1906 NO. 6

ANENT CRITICISM: OUR PURPOSE

Few movements have been more strenuously opposed than that for which this journal stands--the advancement of therapeutics upon lines only possible with true and dependable drugs of unvarying potency and quality, non-secrecy as to drug-content of all combinations, whether proprietary or otherwise, protection of the doctor by serving the laity only through him or on his order, opposition to drug uncertainty, and unfairness in all its forms.

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THE CLINIC PUBLISHING COMPANY
CHICAGO, U. S. A.

The American Journal of Clinical Medicine

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Electricity and X-Ray .....Corban E. Judd
Erysipelas, Mumps and Glandular Fever. G. H. Candler
Infantile Paralysis .....George M. Moore
Intestinal Antisepsis .....A. Mathieu
Autointoxication .....W. C. Abbott
Pertussis: A Specific Treatment .....W. J. Crawford
The Eruptive Fevers .....H. K. Whitford
Malignant Deciduo-Synctioma ....William B. Dewees
Endometritis .....Curran Pope
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Hyoscine-Morphine Anesthesia .. Emory Lanphear
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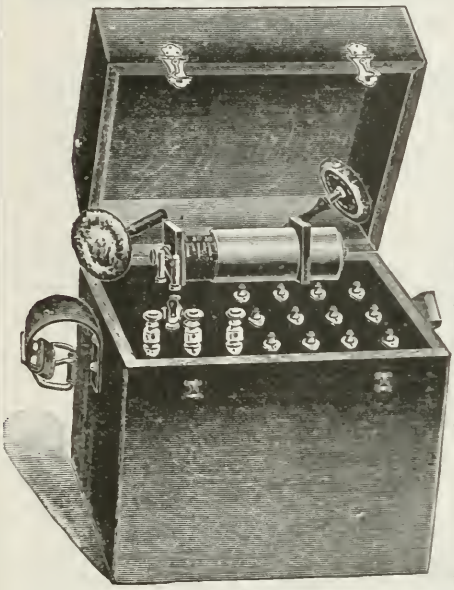

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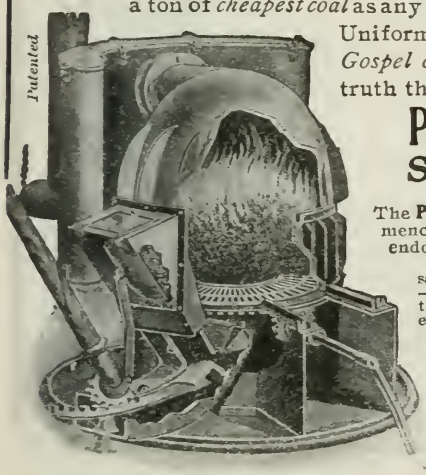

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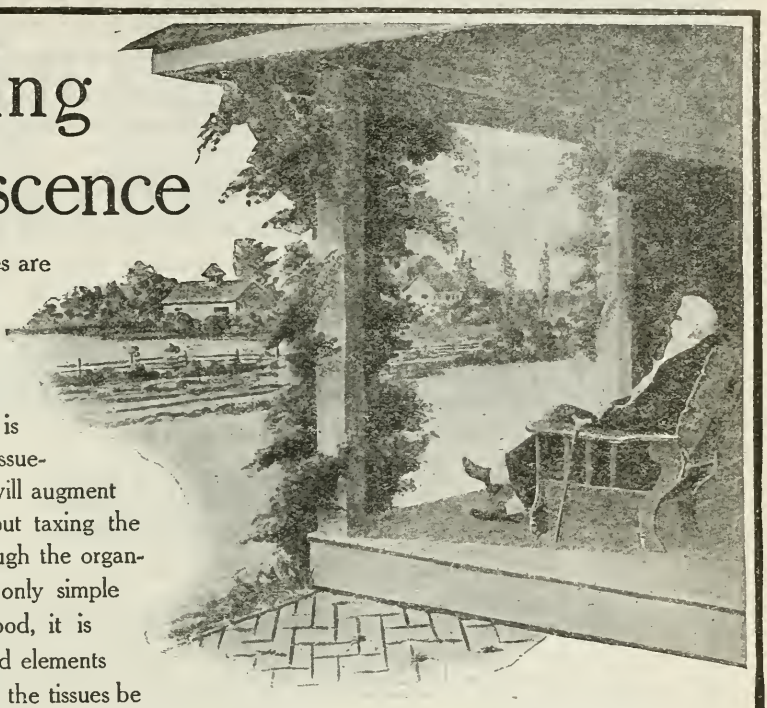

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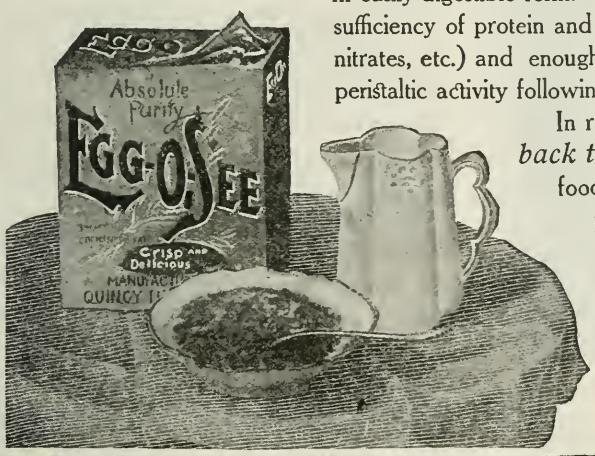

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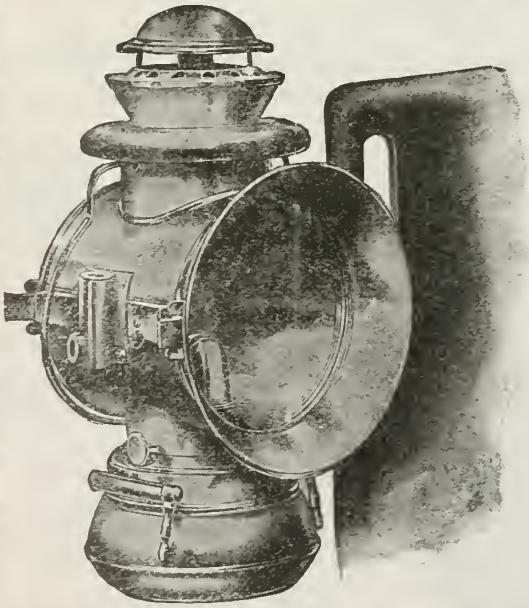

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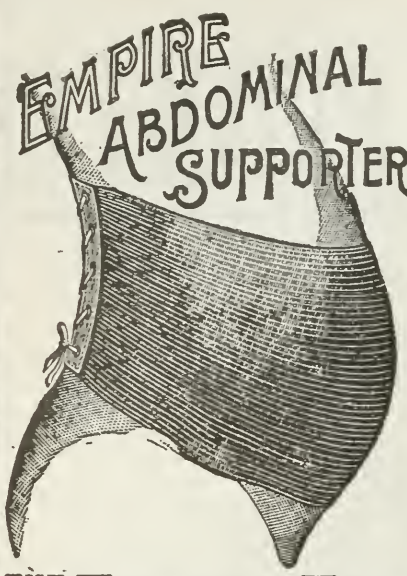

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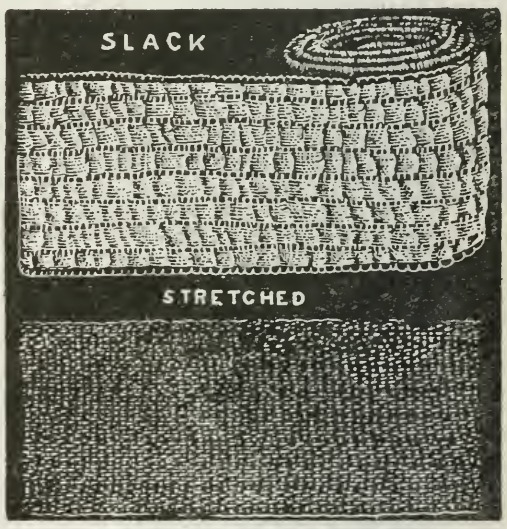

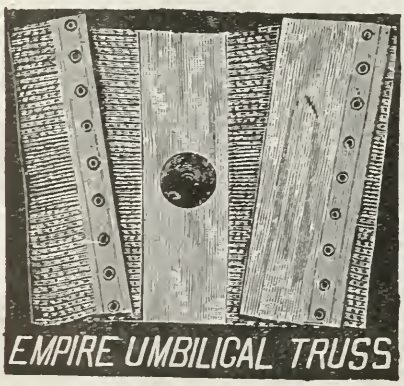

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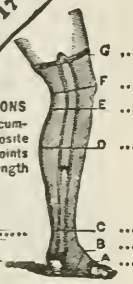

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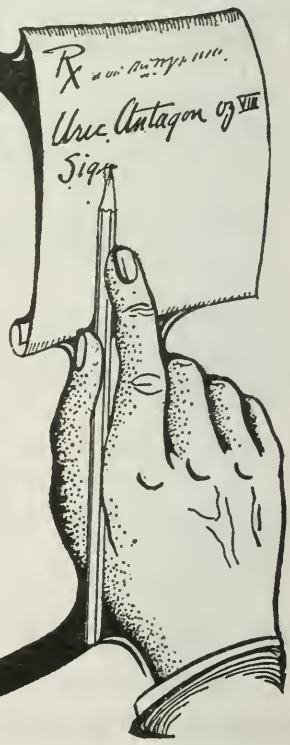

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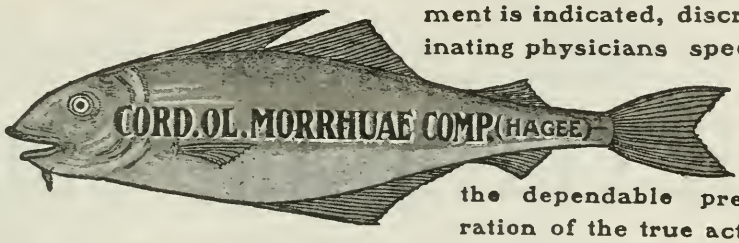

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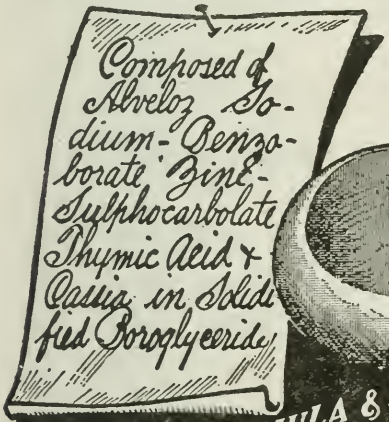

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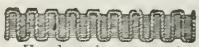
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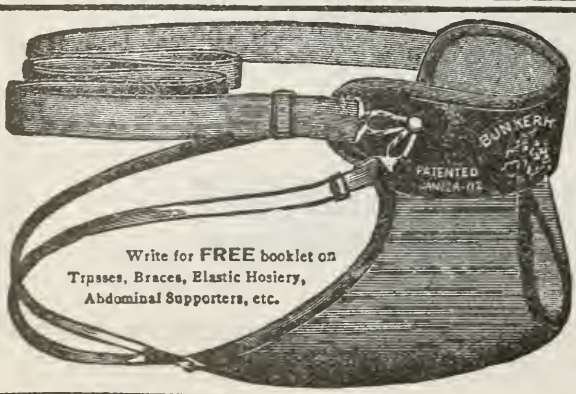

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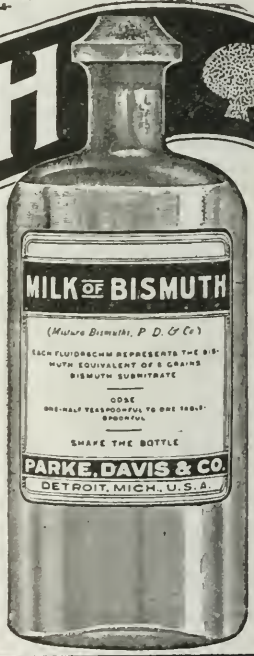
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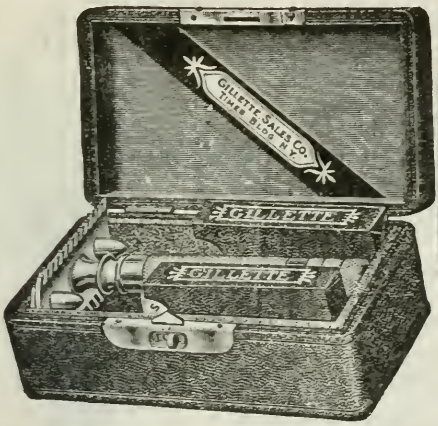

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The AMERICAN JOURNAL of CLINICAL MEDICINE
(THE ALKALOIDAL CLINIC)

Vol. 13. JUNE, 1906 No. 6.

PERSONALITY IN JOURNALISM.

WITHOUT a strong, vital personality behind it no journal can command much attention or influence. It is not enough to print entertaining or learned articles by distinguished men. Journals like men must have souls; without a warm, strong, courageous, passionate human soul in it the journal is commonplace and characterless, and the editor is the soul—he must be moved by a dominating purpose or inspired by high ideals. It is not enough to say something cleverly; he must have something to say, and must say it with clearness and force, and above all with conviction. He must be in deadly earnest, so filled with his subject, so determined to be heard that it is as hard to stop him as to dam a Niagara.

It isn't always what such a man writes. His literary style may lack elegance and finish—though never force; this would be an impossibility! His greatest strength lies in the fact that he is able to inspire enthusiasm in others, in his associates, his contributors and best of all in the readers of his journal. It's a strange thing, but such a journal carries from cover to cover that peculiar elusive something which we recognize in this man, call it what you will—personality, magnetism or something else. There is a "communion of soul" which seems to be handed on from editor to writer, from writer to reader. It's real but intangible; yet a force which, properly directed, inspires every reform and moves the world.

Explain it? In our opinion it is the inspiration of conviction! No man can wield this influence who is not thoroughly in earnest. He must believe and feel every word that he says. No man who lets this conviction sink deep into his soul, and is brave enough to be true to it, need fear that he will be without an audience.

What personality can do for a journal was illustrated in the *Medical Mirror.* Love's happy, sunny, optimistic personality made every reader eager to get the cover off and at the contents. It wasn't a mere matter of entertainment either —the influence of that big, warm heart and hopeful nature was worth more than many a dose of strychnine in encouragement and resourcefulness. In loving remembrance we pour a libation to his spirit today.

The same is true in as many different ways of every other medical journal which wields an influence. Who ever thinks of *American Medicine* without recalling the biting criti-

cisms of Gould; of *Medicine* without the keen scholarship of Moyer; or of the *Critic and Guide* without recognizing in Robinson the physician's earnest friend and fraud's most implacable foe? In these journals, as in scores of others, there is a real "man behind the gun"—not a negation of personality. There is too much namby-pamby journalism, without purpose and without influence, which bows to every breath of doctrine, always follows and never leads, and has but one controlling motive—to somehow "make money."

In medical journalism we have also the "man with the muck rake." Pity is that there is ever need for raking in the filth, and worse pity that there are those who grovel in the dirt from choice, who are willing to vilify and traduce the characters of other men whose motives may be higher than their own. The stock in trade of such is not "personality" but "personalities." This JOURNAL'S rule for personalities is—Cut it out! When some misinformed and wrathful contemporary wastes space lambasting us, we sometimes yield to the old Adam sufficiently to indite a reply that burns holes in the paper and makes the entire office smell of brimstone—but rarely do we mail and never print it, except in an attenuated form which takes the style of gentle reproof to the erring sinner rather than one of fierce denunciation.

There is a new issue in journalism today. Some one has made the bold assertion that the independent journal is doomed, that it will be replaced by the state journal. The absorption of the *Medical News* by the *New York Medical Journal* and the change of *American Medicine* from a weekly to a monthly, seem to give some present-day color to the claim. But not yet, Brother! not even "soon!" State journalism is a good thing and we approve of it as a means of unifying the local profession and preserving its society archives in a form to do the most good to the largest number. But its vitality, as journalism, rests upon exactly the same basis as does independent journalism—after the annual subsidy which keeps the wheels of the society organ greased has been subtracted (or added as the case may be). There must be an enthusing personality in it, and a mere wire-pulling medical politician is not necessarily the heaven-born editor which every one of us fondly hopes that he is. When Jones of the California *Journal* takes pen in hand we all wait to see what he will say next. But while the Joneses are only less numerous than the Smiths, and whether we approve of him or not, there is only one Jones!

No—you can't wipe out the independent journal without getting the permission of the independent editor and the independent doctor, its reader. And there will be things for him to say—wrongs to right, excesses to be abated, injustice to be fought, reforms to be advocated—till medical science has been swept off the footstool by the triumphant dominion of the millennium.

And—we have something to say ourselves. So long as we believe that Medicine still falls short of the high ideals that are hers, of the possibilities in the healing and relief of the sick which are within her reach, we shall fight, *fight,* FIGHT!—for a truer and a better therapy, one which shall deserve the confi-

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The smoke arising from burning leaves of some species of datura seems to give great relief in asthmatic paroxysms.—Brunton.

Copper, zinc and tin cause powerful contractions of blood vessels; platinum also if 1 to 5000 solution or stronger.—Brunton.

dence of every doctor and which will eventually come to its own—is coming to its own right now.

The work is a grand one, a work which must be done, and to which we propose to continue to dedicate heart, brain, nerves, yes, and *"nerve,"* for all time that is given us, and when our hand fails the work will still go on for there will be found stronger, better and abler men to do it.

For this we want, and know we shall have, your help. We need your aid and cooperation as much as you need ours. All of us need more of the personal power and resourcefulness born of earnestness and conviction.

HOW WE PROGRESS.

Emerson says: "All our progress is an unfolding like the vegetable bud. You have first an instinct, then an opinion, then a knowledge, as the plant has root, bud and fruit. Trust the instinct to the end, though you can render no reason."

And that at least is what our progress should be. A thought, an impression, a mere instinctive hazy notion, comes to us—whence? It remains with us, lodging among the flotsam and jetsam in our subconscious rubbish-yard. Gradually it assumes more definite consistence, burgeons into shape, with proportions. Other ideas and things fall into harmony with it, modify it, bring to light unexpected limitations and extensions. Finally it stands revealed as an entity, like a fossil skeleton—it may be still imperfect, yet having enough of its dimensions visible to enable us to supply the missing parts. Then is the time to make our find public to the world, and not till then. Unfortunate he whom the stress of circumstances or unlucky haste impels to display his megalosaur while it is as yet incomplete, with the rebuilding not fully warranted and proved. Contumely is his portion, instead of the acclaim due to well cogitated and matured products.

In this latter day we hear exceeding plenteously of the beauties of diagnosis, of the necessity of laboratory methods and the heinousness of trusting to that nebulous thing, therapeutic instinct. Granted. There is nothing of the precision, of the insight, afforded by modern laboratory methods that the modern clinician can afford to forego. To "guess" at a coma when the urine reveals acetonuria is unpardonable. Brilliant intuitions are not to be compared with chemic certainties. But—there are other things.

Time is life—sometimes, and the time spent in the laboratory may see the line of life snapped. Too close study of microscopy may lead to neglect of the macroscopy; devotion to the minutiae of a part prevent proper consideration of the whole. And what is all diagnosis worth if following it—or preceding it—there be not a mastery of modern therapeutics to render diagnostic acumen virile? If knowing what should be done we are not able to do it?

Whatever may be the fashion in influential circles, whatever the form of foreign-born snobbery, an emasculated science will never appeal to the great body of the American people, as represented by the medical profession. And the time will never come when there is such a perfection of our science as will do away with every opportunity for those brilliant intuitions that leap at a bound over the chasms of ignorance, and

Very dilute potassium solutions cause dilation of blood vessels; stronger than 1 to 4000 cause contraction.—Brunton.

Nicotine in 1 to 10,000 solution contracts blood vessels temporarily; 1 per cent causes immediate dilation.—Brunton.

by the daring of chance pluck the flower of safety that must surely have been lost before slow certainty had blasted a road to it. Granting that such intuitions come most frequently to the most thoroughly proficient, there remains somewhat of possibility that relates solely to the type of man concerned—things possible to one would be beyond the powers of another.

THE FUTURE OF PHARMACOLOGY.

In the *Journal of the American Medical Association* for April 1, 1905, appeared an interesting paper upon "American Pharmacology." It described fluid extracts, originating with Wm. Proctor, Jr., in 1857. These preparations possessed a distinct advantage over their predecessors in uniformity of strength. They also gave the large manufacturers control of the markets, since the extracts could be made more cheaply on a large scale.

This control the manufacturers utilized to introduce new remedies such as the elixirs. These became quite popular for a time, but were pushed to such an extent that they finally acquired the reputation of sacrificing therapeutic efficacy for pharmaceutic elegance. The writer tells us that they are now but little used.

We have elsewhere recorded our objection to these preparations on the ground that they arouse and develop a taste for alcoholic stimulants. We are very glad to know, therefore, that they are now but little used, and we trust that this statement is strictly correct, and does not apply solely to their prescription by the physician.

This species of pharmacy, however, was certain in time to prove self-destructive, because it was impossible for the physician to bear in mind the numberless variations of the elixir competing for his patronage, while the burden to the retailer of carrying in stock a hundred preparations of which but one or two might be called for within a year became insupportable.

By devious ways, by slow and painful approximations, blindly groping towards an unknown goal, pharmacy and medicine have been progressing toward the one true and final object, the single active principle. Now that we have reached this point, we can see clearly that every advance was in this direction. Here we have at last struggled through the morass and found a firm footing. We touch the absolute here, and realize that at last the final step towards therapeutic perfection is within reach.

Henceforward the sciences of physiology, pathology and therapeutics become blended. Physiology records the normal functions of the living body, into which, at last, we are obtaining a true insight. Necessarily, pathology detects the slightest deviation from the normal, and this creates a demand for the means of rectifying this abnormality. This demand must be met by a careful experimental study, not only of the alkaloids now in use but of the numerous others that have been isolated (roughly grouped according to their leading characteristics, but not yet so studied as to their particularities), that we can apply these to like conditions recognizable in the clinical field.

What an ideal to work for! What

Atropine 1 to 100,000 temporarily contracts blood vessels; 1 to 10,000 contracts then dilates; 1 to 5000 permanently dilates.

Arsenic paralyzes vasomotor nerve ends apart from action on the contractile walls or nerve centers.—Brunton.

glorious possibilities open before the mind's eye. With what renewed zest we turn to our physiology, and treasure every slightest morsel of additional knowledge which may be contributed, to clear our insight into the workings of this marvelous structure, the human body.

Such knowledge is no longer a matter for the dilettante, to be viewed with philosophic indifference by the scientist pure and simple, on whose tympanum the wails of the suffering cause no sympathetic vibration. Now he recognizes in every item of such knowledge a new chance for relieving the suffering, checking the progress of disease, and prolonging useful, enjoyable life. The study of physiology is vivified, therefore. It becomes something which, in the language of the day, we need every hour and every minute "in our business."

Unlike most ideals, this one is within our easy grasp, and all that is needed is that we shall realize this, that we shall stretch out our hands to pluck the fruit dangling so enticingly before our eyes.

ANOTHER PHASE OF THE PROPRIETARY QUESTION.

There is at least one phase of the proprietary question which we believe has not been seriously considered. And that is, that while every effort is being made by some of our earnest and really conscientious, though misguided, workers to destroy the faith of the profession in practically all remedies of this class, and to bring them into ridicule, practically nothing has been done to provide satisfactory substitutes for them, except to make the suggestion—an excellent one, too—that physicians should familiarize themselves with the official and semi-official preparations contained in the Pharmacopeia and National Formulary.

In making this suggestion they forget to add that a very large share of these "official" preparations are old proprietaries under other names—from the celebrated powder of that roystering old buccaneer, Samuel Dover, down to the popular analgesic of that suave and gentlemanly modern "pirate," Frank Ruf. In other words, the great "reform" consists in the denunciation of such remedies as antiphlogistine, arsenauro, bromidia, lactopeptine, Fellows' hypophosphites, and Hayden's viburnum compound, while the use of practically the same things under other names is suggested or advised! In some instances the very formulas are used that proprietors have been persuaded to divulge or that analytical chemistry has elucidated.

There is a reason for the popularity of the proprietaries. Whether many of these were "wonderful discoveries" or not, they have enabled the average physician to secure results more satisfactory to himself and his patients than he was able to secure without them. Very, very few medical men are able to extemporize prescriptions which at the same time are effective, palatable and not uselessly polypharmacal. All doctors ought to be able to do this, but they are not—and whose fault is it? And even if they were, who but the sheerest crank would claim that he could properly write for, or the average druggist dispense, substitutes as elegant, as cheap and withal so satisfactory as many of the best type of the proprietaries? It is best to look all these facts squarely in the

Splanchnic nerves are vasocontractor; motor muscle nerves vasodilator, stimulating vasoinhibition.—Brunton.

Physostigmine causes rise of blood pressure by inducing tetanic contraction of intestinal musculature.—Brunton.

face and to be sensible in our conclusions.

It is a notorious fact that thoroughness of training, practical training, in the pharmacy and pharmacology of even the simpler remedies, is almost totally unprovided in our medical schools. It is therefore the most natural thing in the world that physicians should use remedies which fill this educational gap and enable them to get results, which they otherwise could not. Furthermore, is it not their duty to use the best things of which they know, while striving all the time to learn of better things? Is not the physician culpable who neglects to do this?

Advertising may sell a worthless preparation, but it cannot create a *permanent* demand for it. While there are, doubtless, many physicians who use their remedies automatically and never know whether they are getting results or not, this cannot be said of the great bulk of American practicians. The average doctor is a shrewd man and demands his "money's worth." The remedy must show merit or he will not continue to use it. At the last analysis it is the clinical test which counts—and no "reform wave," however energetic and earnest the reformers, will ever destroy or greatly cripple the proprietary business *until better remedies are provided and physicians are taught how to use them intelligently.*

The great need of the day is not so much destructive criticism as constructive work. This must commence in the schools. The teaching of therapeutics must be raised to a higher plane, must have the best energies of the most brilliant men in the faculty, must be carried through the college course, must have as much time (or more) allotted to it as to any other branch, must consist not only of general information but also of the most exhaustive study of details concerning the physiologic action of medicine, its use in varying conditions, its forms of administration, its proper combination, and most important of all there must be bedside study of drug effects; the physician must have clear-cut ideas concerning his remedies, must know what effects are to be secured, and then how to secure them. The *summum bonum* in medicine is to cure or relieve disease, *cito, tuto et jucunde.* Bacteriology, pathology, nosology and all other "ologies" without this single aim are but dead sea apples.

It is our conviction, born of a knowledge of the wonderful results which can be obtained and are being obtained when this single aim is kept constantly in sight, that this will lead inevitably to a wider and wider use of the alkaloids and active principles—the purest possible remedies of the most definite strength. Simplicity, uniformity and activity are the great desiderata in our remedies, and these can be secured in no other way. To be able to recognize promptly the nature of a diseased condition, to know what remedy will reach that condition, and to have at hand the remedy in the most efficient form—those are the three legs upon which all successful practice must stand.

And so we repeat. The best way to deal with nostrum abuses—so called—is to raise the therapeutic efficiency of the individual physician. It is of far less importance to attack the nostrum and its maker; for if we *should* be able to destroy this business among us, we

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Chloral lowers reflex excitability of vasomotor center more than it does the blood pressure; alcohol lowers both.—Brunton.

Both the normal tone and the reflex excitability of the vasomotor center are greatly increased by strychnine.—Brunton.

would but drive it to the laity where it could no longer be kept under control and be made really helpful instead of harmful to the profession. We are seeing illustrations enough of this, in Marchand's hydrozone and glycozone, Ruf's antikamnia, Scott's emulsion, etc. When the physician can get better results with ethical preparations than he does with the nostrums, the latter will gradually drop out of sight; but not till then. The best of the proprietaries will survive, while the intelligent physician will have no use at all for those which have no demonstrably valuable remedial action.

We need to take a higher stand on this question than one of mere negation, which inevitably leads to a lamentable condition of distrust of all medicinal measures—nihilism. We have been tearing down long enough. Isn't it time that we commenced to build? That has been and will continue to be the mission of this JOURNAL. The work is big enough for all of us. Let us all concentrate our energies to its accomplishment. We invite the cooperation, through our columns, of every conscientious thinker and worker, whether he agrees with us or not.

A REMARKABLE STATEMENT FROM A GREAT AUTHORITY.

It is but a single sentence, but considering the source from which it emanates, there is a world of significance in it. We who follow the signs of the times and watch the straws, know that the movement towards the active principles, toward definite, exact therapy, is gaining adherents at a marvelous rate, and not only in this country, but in Germany, France and Great Britain. But still we were not prepared for the admission which our eyes encountered in a late number of the *British Medical Journal*. In its issue of March 24 (page 686) that journal says:

"There can be little doubt that in the long run plants *will cease to be used as remedial agents* and will be replaced by *manufactured substances of fixed composition.*"

Who would have expected it from this, the most orthodox and most scientific exponent of medicine the world knows? But the world does move. What will then become of the numerous galenical standardized and non-standardized preparations? And what will our friends do who advise us to go "back to nature," and use the plant as nature created it? (Unfortunately Nature does not create the medicinal plant of uniform strength.) Too bad. But, we shall not block the wheels of the chariot of progress, you shall not put barnacles on the ship of exact and definite therapeutics. Ten years hence American obstinacy will yield and then the CLINIC may be pardoned for saying, "I told you so."

DIGITALIN.

It seems that the last word will never be said about digitalis. Not a month goes by but that some articles appear containing information too valuable to be ignored. Recently some attention is being paid to one of the most important considerations that could possibly be discussed in regard to this important drug, and that is the solubility of the various preparations, and the time it requires for each to act.

The enormous food adulteration in Chicago does not warrant the statement that thousands are being done to death by it.—Whalen.

In 50 years the average age of Chicagoans at death has risen from under 14 to nearly 32 years; with 7 times the population.

Under whatever name it may be furnished, the crystalline digitalin is digitoxin, the most powerful heart tonic and vaso-constrictor, the least soluble, the slowest to manifest its action, and the most dangerous, of the digitalis glucosides. Injecting it hypodermically into a cat, Fraenkel found that the effects were not evident until sixty hours had expired. The dose for an adult man is from 1-300 to 1-1000 of a grain.

Digitalin is somewhat more soluble, and its effects are manifested in twenty-four hours after hypodermic administration, according to the same authority.

Digitalein, the so-called Germanic digitalin, is the most readily soluble in water of the entire group, and its effects may be manifested within half an hour after its administration hypodermically, or when absorbed from the mouth or the stomach, if dissolved in hot water. It is the least powerful of all these glucosides in so far as relates to the property of increasing vascular tension. For that reason, it is the safest of all. This property is so pronounced in digitoxin that it may completely stop the excretion of urine, preventing its own excretion, and determining cumulation, which may prove fatal from a single dose. This explains why we have always insisted that from Germanic digitalin we obtain all the heart-tonic value of digitalis, far more quickly and safely than from any other preparation of this drug.

But it is claimed that Germanic digitalin is much weaker than the other heart-tonic principles. This involves a curious misapprehension as to the meaning of the term "weakness." Is a drug weaker simply because it requires a larger dose? A teaspoonful of dilute hydrocyanic acid would probably kill a person so quickly that he would scarcely have time to remove the spoon from his lips. Would you call that a weaker remedy than tincture of aconite, with a dose of five drops? Germanic digitalin requires a larger dose than digitoxin, but all the beneficial effects obtainable from the one can be secured from the other.

One of our friends tells us that he has found, in cases of extreme need, that the desirable degree of heart tonicity required of Germanic digitalin, requires doses of 1-4 to 1-10 gr., three times a day. He suggests that it be put up in granules much stronger than those now supplied. To this we most emphatically and heartily object. We cheerfully grant that doses of 1-4 gr. or even more, may be required, and should be given when required: but there is not a drug in the materia medica which requires more careful and accurate dosage than digitalis. Exactly enough must be given to balance the defect in the heart's power, bring the relaxed vessels to normal stiffness and restore equilibrium to the circulation. Too little will not accomplish the object; too much will oppose an obstacle to the heart by unduly narrowing the arterioles, and thus defeat the object for which the drug is given.

Since we have a preparation whose action is manifested in half an hour, we can readily give the small dose of a single granule, in hot solution, and repeat it at that interval until we have produced exactly the effect we wish. When this has been done, and the effect proves to be fairly uniform from day to day, we may for convenience take the number of granules required for twenty-four

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Since the writer came to Chicago its average life has risen from 24 to 32 years—but we are not at all stuck up.

Since we came to Chicago the average annual mortality has sunk from 20.09 to 14.71 per 1,000. Shortsighted Philadelphia!

hours and administer them in three or even two daily doses, since digitalin is a drug whose effect is quite well sustained over a considerable period. But it is rare indeed to find any such case, which requires more than five granules t. i. d. for a few days, and after that three granules twice a day for an unlimited period thereafter.

One exception is to be noted: If we desire to use digitalis as a hemostatic, especially to check capillary oozing, digitoxin is the preparation *par excellence,* and next to it comes the true digitalin. But this is only an apparent exception, for nobody wants to use digitalis as a hemostatic, when he has learned the vastly superior qualities of atropine and hydrastinine. It is just a little inconvenient if a patient is bleeding to death, to wait sixty hours for a medicine to act, when we have in atropine one which is not half a minute in getting to work.

"AUTHORITIES."

Among our valued contemporaries is one which in days gone by enjoyed a unique reputation as a purveyor of useful information to the medical practician. Of late its editorial utterances have smacked strongly of the pessimism until recently prevalent, but now rapidly becoming obsolete. In a personal letter to the editor, we asked the reason of this deterioration. He replied by stating that the "authorities" sustained the position he was taking.

Who are the authorities?

In this day of specialism, we are constantly confronted by that wise old remark, that no man can serve two masters. Consequently, when a physician devotes himself entirely to the literary aspects of his profession, he turns away from the practical side. Every hour he spends with his pen is that much abstracted from his patients. The editor in question never did a week's practice in his life, consequently, his overweening dependence on the "authorities" is not corrected by knowledge to be obtained only in the sick-room.

Among the "authorities," who write text-books, there is one notable, oft-quoted man who to our knowledge had issued at least half a dozen books on medicine before he had ever attended a patient. A gray-haired old Southern physician perused with interest the article on malarial fevers, in a very popular work on the practice of medicine. Closing the book he handed it back to the writer with a sigh, and remarked, "He certainly writes a mighty fine article, but he doesn't know anything about malaria." Not an American text-book on medicine has been written in fifty years by a man who had any practical acquaintance with yellow fever, or at least enough to entitle him to be looked upon as an "authority" on that disease.

A physician who had been seventeen weeks a patient in John Hopkins' Hospital, assured the writer that neither he nor any other patient with whom he had come in contact during that period, received any other drug medication whatever excepting hydrochloric acid and nux vomica. As might be expected, the men who most loudly condemn the use of drugs are those who, making no use of them, have no real knowledge of the articles they condemn.

The bulk of all medical text-books consists of compilations. Not a man

Strychnine widens the field of vision, renders sight more acute and increases capacity of vision for blue.—Brunton.

Soda salicylate sometimes causes visions when the eyes are shut; vanishing when open; may mistake for delirium.—Brunton.

who writes a text-book on the practice of medicine sees during his entire professional life all the diseases he describes. His practical knowledge may be confined to a very few of them; he may in fact be a mere compiler, a teacher of undergraduates, with very little actual practice. It is said that one professor of practice, whose text-book is widely used, has never succeeded in building up a practice which pays him two thousand dollars a year. Many similar instances might be cited.

The conclusion of the matter is that the men who are looked upon with superstitious reverence as "authorities" in medical science, generally have far less practical knowledge of the subjects they treat than any of their readers who has faithfully used the opportunities coming from ten years of actual practice. A show of knowledge, literary ability, access to a medical library and time for investigations, which the hard-worked practician cannot make, are not sufficient to warrant the arrogation of supremacy they usually beget, on the one hand, or its passive acceptance on the other. The question is still open.

EPILEPSY.

In a recent article appearing in the *Journal of Nervous and Mental Diseases*, Dr. Wherry calls attention to the fact that the rarity of a cure in epileptic cases is due, first to an insufficient knowledge of the real conditions existing; second, the treatment of the convulsion instead of the condition; third, the treatment of epileptics *en masse* instead of individuals.

He believes in individualizing treatment and that change of environment will double the percentage of recovery. At the thirty-first annual meeting of the Mississippi Valley Medical Association, held at Indianapolis in October last, John W. Selman stated that the great cause of epileptic convulsions was the sudden liberation or explosion of nerve force which swept everything before it. He quoted a case in which he used subcutaneous injections of normal saline solution, with the bitter tonics and arsenic; prompt improvement followed. He called attention to the fact that treatment must be governed largely by the case, and in nearly all instances would consist in the removal of the exciting cause; checking the convulsive tendency and further attacks by suitable measures.

Here practically is crystallized the best modern conception of epilepsy and its treatment, as is pointed out in the article on the treatment of epilepsy, appearing in a previous CLINIC. Hitherto epilepsy has not been cured because of an insufficient knowledge of the real conditions existing; because physicians have treated epilepsy (the convulsion) instead of the condition causing the convulsion; and because the individual is not considered but is dubbed an epileptic, subjected to routine treatment and labeled incurable accordingly.

Dr. Selman is stating his belief that the great cause of epileptic convulsions is the liberation or explosion of nerve force, sweeping everything before it, is absolutely correct and our knowledge of the cause of those sudden explosions has been the stumbling-block which has prevented physicians relieving the unfortunate victim of epilepsy.

Whenever patients complain of dim vision it is well to ascertain how much tobacco they are using, and to stop it.—Brunton.

Ringing ears from salicylate may be relieved by the buzzing of a faradic current or by railway traveling.—Brunton.

Now that we understand why the seizures occur, and know that any pathologic condition or abnormal change in the metabolic processes of the body may cause such a disturbance of the natural chemistry that toxic substances instead of nutrients are offered to the neurons for reparative purposes, we can readily understand the gradual storing up of this poisonous material, and the final explosion which takes on the form of an epileptic seizure.

That Dr. Selman secured prompt results from the use of normal saline solution hypodermically injected is not to be wondered at. The poison was diluted and neutralized, and the administration of arsenic and bitter tonics enables the body laboratory to supply the neurons with a sufficient amount of proper nutritive material. One need only dip into modern articles upon epilepsy to see how close various clinicians have come to solving the whole problem, and it is quite evident that from this time forward epilepsy will cease to be an opprobrium and will take its place among the curable diseases. This means, of course, curable cases; the old epileptic who has changed mentality and deteriorated tissues, can hardly be cured though he may be greatly benefited.

THE TRI-STATE MEETING.

In the Miscellaneous Department of this number will be found the full program of the Tri-State Medical Society meeting, to be held at Galesburg, Ill., June 26-27. Don't forget the place or the time. The program is a splendid one, including the names of such distinguished professional men as Robert T. Morris of New York; Brower, Butler, Frank, Neiswanger, Robinson, Beck and Ries of Chicago; Hughes, Brown, Ball, Dumesnil, Witherspoon and Lanphear of St. Louis—and many others too numerous to mention. Consult the full program on another page.

The time of the program has been so arranged as not to interfere with the A. M. A. meeting in Boston. We hope that all of you will attend *that* meeting if you can. If you live west of here stop at Galesburg on your way home. If you cannot attend the Boston meeting come to Galesburg anyhow. There will be no entertainments, no dissipations, no quarrels—just work. It is proposed to make it essentially the busy doctor's meeting. There will be something to help you.

Dr. Abbott is president and of course the CLINIC staff will turn out. We are counting on the presence of every one of our friends. Come, and let us get better acquainted.

MEDICAL EVOLUTION.

In the last twenty years a marvelous change has taken place in the surgical side of the medical profession—one which is universally recognized, lauded and accepted, and this evolution has received one of its strongest impulses from the commercial side, an impulse without which the present attainments would have been utterly impossible. And this help was given because it paid to give it.

To the unthinking it may seem that to this branch of our work, with its accessories, belongs all the glory of our progress; that nothing is being done in other directions. Let all such read care-

Strychnine increases the sense of smell and makes people relish odors ordinarily disagreeable to them—musk, valerian.—Brunton.

To obviate bad taste use the active principles made with milk sugar into a small granule or globule.—Brunton.

fully the article closing in this issue, "The Evolution of Drug Therapy." And why does not this movement progress more rapidly? Why has this, which appeals as strongly to every dictate of common-sense as does the most brilliant technic of modern surgery and the finest research in pathology, this which has the unqualified endorsement of the masters of medical thought all over the world, had to fight, yea beg, for a mere pittance against the most persistent, vindictive and merciless opposition? Because it pays to oppose it. Because vested interests demand that this uncertainty shall continue, that the doctor, being uncertain, shall continue to slug his patients with uncertain drugs in maximum quantities instead of adopting those of known strength and composition that may be used with certainty; and so strenuous is this opposition, so subtle its influence, that it permeates even to high places, from which still comes most unthinking aid, unreasonable endorsement of that which is the blackest stain upon our escutcheon—uncertainty of drug which compels to therapeutic uncertainty—all leading to skepticism.

Is it any wonder that out of this with surgery's brilliant achievements before them, from blind faith and incantation the world has been filled first with drug skepticism, to resolve later into therapeutic nihilism? Instead of it being a wonder that a few are faithless, it's a wonder that we have any faith at all. But the leaven is working! Forty thousand doctors are reading this journal; each month accessions are coming to its subscription list, probably faster than to any other independent journal in the world, and despite the most uncompromising, the vilest and most mercenary opposition, its teachings are permeating the whole body medical—why? Because they are right!

And when the pharmacy-made nihilist really appreciates the fact that a certain therapy is available and really awakes to its possibilities as rendering his work even more secure—when he joins hands with the earnest therapeutist, as he ultimately will, then will stupid, mercenary opposition fade away from inanition, from the removal of the greatest of all influences that is perpetuating the recreation of that upon which it feeds.

An era of evolution, of purification of medical matters to which no one but the unrighteous can object (for no one else is injured), an evolution to which every right thinker should lend his aid, for every move is for the betterment of the medical profession and through them for the improvement of the condition of our fellow men.

STRYCHNINE AND NUX VOMICA.

The Medical Brief for April furnishes a powerful argument for the alkaloid as against the crude drug, in a paper by Prof. Phillips, the great London teacher of therapeutics. He says: "The action of nux vomica and of its alkaloids is practically the same, so that either may be prescribed according to the considerations of convenience and safety." Many illustrations of the clinical applications follow, some of which may be found in our footnotes. In most of these it is the alkaloids and not the parent drug that is advised; in fact in many the latter could not be employed for the purposes mentioned. The *Brief* is to be con-

Quinine barely dissolved by acid is precipitated on the tongue by the alkalaine saliva and tastes badly; use excess of acid.—Brunton.

If you chew a little of the leaf of Gymnema sylvestris you will then be unable to distinguish sugar from salt.—Brunton.

gratulated on its enterprise in securing the publication of this scholarly paper, which we hope to see extensively quoted in the medical press.

"LIQUID MEDICINE VS. ALKALOIDS!" NOT THE QUESTION.

A REPLY TO A MISLEADING CRITICISM.

In the April number of the *Medical Brief* there is another article by Dr. Pitts Edwin Howes upon the "Superiority of Liquid Medicines Over Alkaloids," this last article being a reply to an editorial in the February number of THE AMERICAN JOURNAL OF CLINICAL MEDICINE. In our editorial, "A Rounder," Dr. Howes admits that "a casual reader might think that some good points had been scored in favor of the alkaloids" (the active principles*) but qualifies this compliment (which we shall appropriate anyhow) by saying that the largest part of our argument is based upon "sarcasm and ridicule." That there may be no misunderstanding in this paper we will say that for Dr. Howes personally we have only the kindliest feelings—and that if he will desist from making ridiculous statements we will hereafter abstain from the "sarcasm and ridicule."

The whole basis of his argument rests on a feeble and unstable foundation, even the name of the article: Why does Dr. Howes try to oppose "liquid medicines" to "alkaloids"? Must we assume from this that liquid medicine in order to be good must be free from alkaloids, or that alkaloids can never be administered in a liquid form? The proposition as he states it is an absurdity! If he had proposed to discuss Liquid Medication vs. Dry Medication we might both have been fighting on the same side, for we are perfectly willing to admit that there are some medicines which are best administered in the liquid form, just as we believe that for the vast majority of the alkaloidal salts and active principles, all things considered, the granule form is the best. We do not, never have and never shall say that liquid medicines are necessarily unreliable and advise against their use. *Our fight is not against liquid remedies but against uncertain remedies in any form.* Is that plain enough? Wherever we believe that better results will be obtained by giving a remedy in solution (as may be the case with very insoluble or irritant drugs, or when the bitter taste is desired, as in stomachics) we advise that it be so given.

The real contention of Dr. Howes, however, is that the tincture (presumably the specific or eclectic tincture) of the plant is more effective than the alkaloids or other active principles contained in the plant, and which are generally supposed to give it its efficiency. Though he does not say so we shall assume that he believes that it is a good thing to have the active principles *in* his tincture. That this is the general desire of medical men is shown by the facts that the better class of pharmaceutical manufacturers now assay all their drugs as to alkaloidal content, and that assay processes have been introduced into the United States Pharmacopeia for practically all of the more potent drugs. In other words, *the test of its purity is the deter-*

*Caption not ours, reliability and accuracy the question not material form. Also note that the words "the alkaloids" used in this connection refer to the desirable active principles regardless of chemical form.

Few die of heart stoppage; it is almost always through failure of the respiration; save life by keeping it going.—Brunton.

Hydrocyanic acid lessens the interchange of gas between the blood and tissues; and arrests external respiration.—Brunton.

mination of the amount of alkaloid or alkaloids which a drug contains. What would tincture of opium be good for without morphine, cinchona without quinine, nux vomica without strychnine?

Dr. Howes rests his case as to the superiority of the tinctures on three points: (1) They are more easily absorbed; (2) they exert their action more in conformity with Nature's laws; and (3) they represent the product of Nature's laboratory.

"They are more easily absorbed." Now that depends. Sometimes an alcohol-dissolved remedy is absorbed more readily than a water-dissolved remedy—but there is not an iota of evidence to show that the tincture of the whole plant will be taken up by the stomach or any other portion of the digestive canal any quicker than an alcoholic solution of its most important alkaloid. Indeed, the evidence all points the other way. The simpler the mixture, the less encumbered with tannic acid, dirt and other useless substances, the more ready absorption. Isn't that common-sense?

Dr. Howes has a good deal to say about endosmosis and exosmosis in the stomach. As a matter of fact medicines, as well as foods, are absorbed from the stomach, if at all, far less readily than from any other portion of the whole digestive area. Many medicinal agents are not absorbed from it at all, or at least so slightly as not to be considered. High dilution instead of favoring absorption from the stomach tends to hinder it. Brandt has shown that sodium iodide is not absorbed from the stomach in solutions of less than three per cent. During digestion stomach-absorption is practically at a standstill.

Absorption depends not upon one factor but upon many: the portion of the canal from which the drug is most readily taken; whether it be readily soluble or not; what it is most soluble in; whether it is to be taken fasting or with the meal; the state of the gastric chemistry; the presence of inflammatory lesions; and the chemical changes which it must undergo before it can be taken up by the circulation. That the soluble alkaloidal salts and other active principles are taken up rapidly, sometimes with lightning-like rapidity, when given in granule form, we have never seen disputed by those who use them. Let the skeptic try granules of glonoin, aconitine, strychnine, pilocarpine, atropine—letting them dissolve on the tongue—and report any slowness. If you want them to try, let us send them to you and you can see for yourself! When to certainty of absorption we add certainty of effect—which cannot be predicated of a large proportion of the tinctures—and readiness for immediate use, we have something tangible to depend upon.

Now let us repeat. Do not misunderstand us. By all means give your remedy in solution if you believe it will be more effective when given in this form. Every day we use solutions and advise them. But keep this constantly in mind: *An uncertain remedy*, one indefinite as to active-principle strength and akaloidal content, *is not a safe remedy*. Whether administered in granule or solution, *isn't it better to know that you are giving a dependable remedy and to know just how much of it you are giving?*

With Dr. Howes' position, on the enormous quantities of quinine and strychnine tablets and pills consumed by the

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Errhines are sometimes employed instead of forceps to facilitate labor by the violent strain of sneezing.—Brunton.

In hay fever cocaine locally acts almost magically the first few times; but soon loses its effect; sets up habit.—Brunton.

American people, we are going to agree without an argument. But what does he mean by the following: "Many times the continued use of strychnine produces an extreme hyperemia in the vascular system." We ask for light. He needn't go to the *Medical Brief* for space. We shall be pleased to have him discuss this in CLINICAL MEDICINE.

"Liquid medicines exert their action more in conformity with Nature's laws, because they more nearly resemble Nature's method of reproducing her own products. . . . There is no chemistry which is so complex as that which is found in Nature's laboratory. She makes use of no needless ingredients. They all have their use and are employed for some specific purpose. Therefore, when we employ remedies made from plant structures instead of plant fragments to restore the loss of equilibrium in man's physical condition, we are working along the lines established by Nature herself, and our efforts are more likely to be crowned with success."

It is hard to read this without a *feeling* of "sarcasm and ridicule" from the expression of which, however, we shall endeavor to abstain, contenting ourselves with one of genuine pity. As regards the first preposition we do not recall any instance in Nature where plant life demands an alcoholic solution of its food—or where it gets it. Where is the analogue to the alcoholic tincture in Nature? Does Dr. Howes propose to dispense with all the valuable remedies which are extracted from the plant by alcohol and not by water, because Nature doesn't use alcohol? To be consistent to his alleged fidelity to Nature he should do so. Fie, what nonsense!

The complex chemistry of plant life is wonderful indeed; but it certaintly needs no argument to show that the growing plant must first of all provide for itself. Every individual, whether a man or a cabbage, must first look after its own needs. If it did not take the things essential primarily for its own growth and reproduction, it would die, and its usefulness would cease with it. Isn't it a remarkable assumption (for assumption it is and nothing else) that this plant or that grows expressly and primarily that man may extract a certain medicine from it? As Maeterlinck says, "It were idle to suppose that a single flower the more will blossom in the fields because the queen bee has proved herself a heroine of the hive." Would Dr. Howes have us believe that through thousands and thousands of years untold billions of the foxglove have sprouted, leaved, bloomed and died that some man may have a dose of tincture of digitalis?

Furthermore, Dr. Howes assumes that the whole plant must have been created to make a medicine for man, since he argues that the liquid medicines are better than the alkaloids, because "the former represent the whole plant, and the latter only a part." If this is true, why does he not use the entire plant instead of simply the alcohol-soluble fragment? To be consistent, when he had an appetite for cocoanut he should commence at the root, gradually eat his way up through stalk and leaves and taper off with the shell and finish with the nut. If animal food appeals to his appetite he should go back to the African savage and eat hide, hair and entrails. The milling of grains should be-

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Irritations from points above the diaphragm excite expiration; from below it chiefly inspiration is stimulated.

Respiration fails from muscular weakness, debility of respiratory center, or mechanical impediment to expansion of lungs.—Brunton.

come a lost art. Cooking or other chemical processes which change or modify the chemistry of nature (which he prizes so highly) should be rejected. We should dress in the untanned skins of beasts and return to the customs of the cave-dwellers, since in every phase of life we are attempting to improve on the chemistry of Nature. Instead of giving his patients iodine he should set them to chewing kelp; should prescribe sea water instead of the bromides; in lieu of the mercury salts should lay in a stock of cinnabar; and when he has a case of rheumatism to deal with should order his patients "back to the woods," where birch twigs are available in sufficient quantity.

As a matter of fact, Dr. Howes does not give his patients the whole plant: Of some plants he takes only the root, of others the bark, of others the leaves, and of still others the fruit, *selecting in every instance the part richest in the potent alkaloids.* Nor does he take all of this part; he extracts from it a small portion only, usually what is soluble in alcohol—a substance normally foreign both to the animal and vegetable body. Instead of using the whole plant he employs simply *the fragment of a fragment* —and here he shows his wisdom. His real aim has been to abstract from that "whole" plant only the part which he needed—and if he had gone a step farther he would have succeeded better.

The selection of sulphuric acid as an illustration of his theories was peculiarly unfortunate. Sulphuric acid does not exist free in nature. Nor is sulphur its alkaloid, nor comparable to one. To be true to his theories Dr. Howes should be satisfied with his sulphur as Nature has supplied it and refrain from all efforts to improve on it. What right has he to monkey with the chemistry of Nature, even if he does need a caustic acid? Following his argument of adaptation he should look to Nature to supply his needs.

We live in the twentieth century, not in the eighteenth, so it is hardly necessary to reopen the question of the relative merits of quinine and cinchona, strychnine and nux vomica. It has been settled by the usage of hundreds of thousands of physicians all over .the world. Whenever they want a result that can be measured, definitely determined, they use quinine and strychnine; when they are satisfied with intangible, indefinite and psychic effects they try cinchona and nux. For instance, it has been shown that the plasmodium of malaria will succumb to solutions of quinine of a definite strength. Ten to thirty grains a day may be considered as average doses. Now suppose we translate this into terms of dry, powdered cinchona bark, which, if a very good sample, will contain five per cent of combined alkaloids (less of quinine alone); to get the required dose would take from half an ounce to an ounce and a half of the bark. Expressed in terms of the tincture of cinchona the patient would have to drink from two to six ounces a day, incidentally taking from one to three ounces of alcohol or the equivalent of two to six ounces or more of whisky! By all means —back to Nature!

It is evident that Dr. Howes is not very familiar with strychnine, though we have no doubt he is a past master when it comes to the administration of nux vomica. If he used strychnine he

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People suffering from flatulence come describing symptoms which appear to point to disease of the heart or lungs.—Brunton.

When the weight of the viscera embarrasses respiration the patient feels easier when sitting or standing up.—Brunton.

would not make the remarkable statement that it is "primarily a heart stimulant, and should be confined to stimulation of the muscular fibers of that important organ." Every experienced physician will at once see the foolishness of this statement. Strychnine acts primarily as a stimulant of the nerve centers, and in medicinal doses gives tone to pretty much all the vital processes—nervous system, respiration, circulation, alimentary tract, metabolism, and nutrition. It is best known as a "nerve tonic." It is doubtful whether it can be considered a direct heart stimulant at all, blood pressure being raised by its action, *through* the nerves upon the vessels. It is hardly necessary to name the multitude of uses to which it is adapted.

Nux vomica, however, as Dr. Howes suggests, is mainly employed in affections of the alimentary tract. Aside from the small quantity of strychnine contained in the small doses given, its action seems (see standard text-books) to be identical with that of the simple bitters; and as Cushny says, the "whole literature on the action of bitters is full of contradictions." The theory of Pawlow, which now generally prevails, is that they act reflexly through the sense of taste—rather a psychic than a chemical action. Exactly the same result will be produced by a weak solution of strychnine, of if the tonic effect of strychnine is not desired, by a solution of quassin. We ask Dr. Howes to put this statement to the clinical test. The columns of THE AMERICAN JOURNAL OF CLINICAL MEDICINE will be open to his report—and we will furnish him the strychnine and quassin!

It is not our purpose to belittle the magnificient work done by the eclectics. On the contrary we are glad to add our tribute of praise for the invaluable contributions which have been made and are still being made to our native materia medica by members of that school. We have used many of their remedies and where we have found one to please us we have not been slow in letting others know. It has been peculiarly their mission to collect this practical knowledge, while too much of the time of the numerically dominant school has been given up to theoretic studies to the neglect of the practical side of medicine. We take off our hats to great teachers like Scudder and Ellingwood* and to great students of Nature like Lloyd. But while doing this must we assume that medicine must rest *here*—that it can do no more, that progress must cease? We believe that not even the most enthusiastic eclectic will assent to such a proposition; indeed, *we know*, for many of them are with us in this fight for a more reliable therapy.

Finally, it is not the form of medicine for which we contend, but quality, reliability, absolute, never-changing dependability, that the doctor's work through exactness of means and method may be true. It is not Pitts Edwin Howes whom we condemn; it is the ridiculous, moss-grown error he allows himself so foolishly to champion, the apparent misunderstanding of our views and the character of our work, and the potent commercialism that persists in attempting to perpetuate this nonsense and is trying to cram it down the throats of the medical profession.

*See his great work on "Materia Medica and Therapeutics," which has been before our readers for some years, also his new book, "The Treatment of Disease," just out and advertised in this journal. Address the author, Dr. Finley Ellingwood, Chicago.

When patients have great difficulty in breathing, even the weight of a poultice tries them considerably. Use a cotton jacket.

From post nasal growths the patient acquires a vacant look, breathing through the mouth, "catching flies."—Brunton.

It is not the form of medicine but what is in it (its uniformity and reliability) that determines its acceptability to the doctor, who alone should be the judge.

THE A. M. A. MEETING.

Last month we called attention to the annual meeting of the American Medical Association, which will be held this year in Boston, June 5 to 8. This is "just to remind you," and to express the hope that all who can, will go. Come and join us—on the trip over the Lake Shore if you can. Every up-to-date physician should be a member of this great national organization, and should get all the helpfulness possible, and all the inspiration he can from it.

THE POINT OF VIEW.

Clinician, surveying the smoking ruins: "A bucket of water at the beginning would have saved the house."

Pathologist, contemptuously: "Look at those ashes and tell me you can reconstruct that house from them with a bucket of water!"

Surgeon: "But it could have been extinguished by blowing up with dynamite."

THE AWAKENING

Many indications are occurring to show that the therapeutic revival, which we have so earnestly advocated, is at last setting in strongly. The time was when we could take a bushel basket of our exchanges and skim through them within an hour or two, having gleaned from their pages possibly a brief half-page of editorial, and a beggarly handful of footnotes. Now we can scarcely go over that number in two or three days, and even then we find ourselves embarrassed by the richness of useful therapeutic hints which we want to stop and read and cut out for our own readers. Time and again we are compelled after selecting a few specimen footnotes to refer our readers to the original article, for which we have not room in our own journal and which is yet too important to be passed by. We do not refer to any particular journal or class of journals; the improvement seems to be quite general.

A further favorable indication is to be found in the high standing of the men who are speaking out and that with emphasis, in favor of what we have always upheld, the vigorous, intelligent intervention of the physician and the optimistic prognosis which such intervention justifies. As a specimen of the articles to which we are referring here, we present the following abstract from the *Boston Medical and Surgical Journal*, as quoted in the *Medical Record:*

THE VALUE OF DRUGS IN THERAPEUTICS.

F. C. Shattuck admits the uselessness of many of the old mineral and vegetable remedies, but finds value in many of the new synthetic compounds. Broadly stated, drugs are adjuncts only. What beneficial effects they have (outside of the few specific remedies) lie in their power to alleviate untoward symptoms. This is especially true in acute and chronic infections. In such diseases as cancer, drugs may promote comfort and prolong life. In certain maladies more or less local, drugs may be indispensable while there are minor ills which a physician can modify by drugs, such as a purge in biliousness or autointoxication. Our general rules in drug giving should be

Mechanical obstruction of the trachea may be due to aneurism, new growths, sometimes excessive growth of thyroid.—Brunton.

Obstruction of the smaller bronchi may be due to congestive thickening of membrane or to the presence of mucus.—Brunton.

(1) to do no harm; (2) to have a clear idea in our own mind whether we are giving a drug as a specific, a curative, a palliative or a placebo; (3) to give a drug uncombined as far as possible, though to this rule there are many exceptions; (4) when we are using an efficient drug, we should be as sure as possible that the preparation is efficient and then we should continue it till something happens, either the desired effect or some toxic manifestation. Disregard of this rule is, in the author's opinion, responsible for many therapeutic failures.

ACONITE! A GREAT REMEDY!

The *Atlanta Journal-Record of Medicine*, in its issue of April, 1906, says editorially: "Some of these fluid extracts and tinctures are not unlike boarding-house coffee, alleged rather than established, and when we give a prescription for a combination of drugs, we have but little warranty in feeling that it will always be filled according to specifications." It relates an instance, which is certainly of great interest to the profession, in which a *teaspoonful* of tincture of aconite was given by a relative to a sick child, by mistake. When the mistake was discovered, several hours had elapsed, but as the child was none the worse for it, the alarm of the family was allayed. The editor makes the following pertinent reflection: "If no results followed the administration of a dram of this particular tincture, it is interesting to all but homeopaths to ponder upon the effects of a therapeutic dose of one or two drops. An incident like the above," continues the editor, "shakes our confidence in some things connected with the practice of medicine. It makes some of us, who are possessed with the New England conscience, feel a self-conviction of obtaining money under false pretenses."

In spite of such instances, in spite of the perfectly well-known fact that every fresh sample of tincture of aconite varies in strength with the variations in the parent drug, while all of them depend for efficacy on their content of aconitine, that representative of American medicine, the *J. A. M. A.*, tells its readers that "it will be found preferable to use the tincture of aconite in nearly every case." Why? "Particularly since this is now required to be of a definite aconitine strength." Then it *is* the aconitine we are after; and for the favor extended this agent in tincture form we are to look to the variability of this from evaporation strengthening and decomposition weakening, hoping possibly to hit the happy medium we could have had without this uncertainty by employing the alkaloid.

SELF-PRESERVATION: THE DOCTOR'S DUTY.

With so many trying to use the doctor as a means of advertising their products to the laity, it certainly behooves him to take due precautions that things which are meant only for himself do not slip through his fingers into the hands of those who will use them to his detriment. If from no higher motive than that of self-preservation he should see to this. I refer to the careless habit that so many physicians have of letting medical journals, price lists, and samples of medicine lie around in their offices or homes where patients and callers can get hold of them, and of the very bad

If a catarrh gets into a house you may get it going round and round the family, as one ends it, another begins.—Brunton.

It is always well to be very careful in regard to the introduction of infection by a "common cold."—Brunton.

practice of prescribing proprietary remedies in the original package or bottle, and particularly of telling the patient what you are giving him.

Practices like these are a constant temptation for the layman to "treat" himself; especially when, as is so often the case, the literature which he thus has access to, describes symptoms or names diseases which seem to fit his own case. What more natural to think than—"If Dr. S. thinks this medicine is good for me, what's the use of coming to him and paying for his advice? Why not get the medicine myself from the druggist or the manufacturer?" And straightway the doctor loses another patient, another patent-medicine fiend is under process of making, and it's the careless doctor's doings.

Every manufacturing pharmacist constantly receives orders from the laity. If he is not scrupulous in such matters he is likely to pocket the money and send on the goods, with the confidence born of previous experiences that there will be a nice "family trade" for that particular remedy in this man's town. But if he has at heart the welfare of the physician, and the patient as well, he will answer in some such manner as this:

In reply to your letter ordering one bottle of ———— tablets, we have to say that our work is strictly with the physician and the trade. We are doing everything in our power to be of the greatest service to those of our fellows who are sick, through these channels. If your physician wants you to have these tablets we want to place them at his command at the earliest possible moment. Give us his name and address and we will correspond with him. This cooperation on our part is the very best service we can render you. We hope that you will not in any sense consider it a discourtesy that we attempt to protect you in this way. You may not need the drug; it is for your physician to decide.

Not every manufacturing pharmacist, however, will take this trouble. As a matter of self-protection it naturally behooves the doctor to deal with men upon whom he can depend; but whatever his business affiliations it is a duty which he owes to himself to avoid throwing temptation into the way of those who may be led into the devious and dangerous paths of self-medication. The wonder is not so much that manufacturing houses go to the laity, as that they do not do it more. Of all the careless, thoughtless and needlessly sacrificial business men the good doctor "takes the cake."

THE SUMMER DISEASES.

Next month we shall give considerable attention to the summer diseases. There will be articles on various subjects in this field. We want to make this number above all a practical one—one which will do "the greatest good to the greatest number." Brethren, let us have your coöperation. Tell us how you treat acute indigestion, enterocolitis. dysentery, cholera infantum, the ordinary simple diarrheas of old and young. What success are you having in the treatment of typhoid fever? What uses, new and old, are you finding for the sulphocarbolates and other intestinal antiseptics? What new "kinks" have you developed in your own practice? Let us have a number of short, snappy articles, not over a page each—and let us have them right away. Do it now!

The mucous membrane is attached to the turbinated bones by a very loose connective tissue; permitting swelling.—Brunton.

The best respirator is that which compels the patient to keep the mouth shut and to breathe through the nose.—Brunton.

LEADING ARTICLES

THE DIURETICS BEST ADAPTED FOR GENERAL USE.*

BOLDINE, BAROSMIN, ARBUTIN, CAFFEINE, CACTIN AND EUPURPURIN.

BY W. C. ABBOTT, M. D.

OF PURGATIVES and laxatives we have an embarrassing number but the really useful "diuretics" can be counted on the fingers of one hand. Drugs which have a distinct and prompt diuretic action, and no other pronounced systemic effect, are few indeed, and of these few, at least one half are little used by or even known to the general practician. The oldfashioned sweet spirit of niter, infusion of digitalis, buchu, etc., together with the various preparations of potassium and lithium, have served for lo, these many years! But times without number the doctor using them has sighed for a more convenient and promptly efficacious diuretic.

A diuretic is an agent that increases the flow of urine, and we know that by increasing the arterial pressure we also increase the urinary output (other things being equal) but we must be sure that the renal vessels are not constricted, otherwise we shall find this condition to counterbalance the increased blood-pressure; for it has been proved that increased urinary secretion is due, not to the pressure within the glomeruli so much as to the rapidity of the flow of blood.

It goes without saying that the amount of urine excreted must depend, first upon the amount of blood flowing through the kidneys; secondly upon the composition of the blood itself and, thirdly, upon renal activity. Under normal conditions the person drinking two quarts of water in six hours will pass more urine than the individual who drinks but two pints; and—also under normal conditions—the man whose pulse is full and strong will excrete more urine than another whose pulse is thin and slow.

Theoretically, it is safe to assert that the kidneys excrete more urine when (1) there is increased vascular fulness, (2) increased cardiac action, (3) constriction of blood-vessels in other vascular areas, (4) dilation of renal arteries owing to stimulation of vasodilator or depression of vasoconstrictor nerve fibers. This stimulation or depression may be either direct or reflex.

Understanding this, we can appreciate the action of different diuretics. It is supposed that the secretory cells of the kidneys are normally stimulated by the inorganic salts, urea, etc., present in the blood; and therefore it is reasonable to conclude that many other substances, not naturally found in the blood-stream, will, when present, act in a similar manner, exerting their influence upon either the glomeruli or the convoluted tubes. It is, too, quite possible to exhibit drugs which

*I desire to give credit, in connection with this article, to Dr. G. H. Candler, who has greatly aided me in these studies, and to Dr. W. F. Waugh and others whose confirmatory experiences coincide.

exert a dual influence. They not alone act as circulatory stimulants but, while present in the blood-stream passing through the kidneys, they stimulate the renal cells.

Caffeine, convallamarin, strophanthin, apocynin, scillitin and sparteine are examples of this class, and digitalis may perhaps also be included. Digitalin, however, acts solely upon the circulation.

The various salts of potassium and lithium (the nitrates, carbonates and benzoates) exert a distinct stimulatory influence upon the kidney-cells. In the case of the vegetable salts of potash we also find that the urine is rendered alkaline by them, these substances being eliminated to a great extent as carbonates.

Vasodilators such as glonoin may exert a diuretic action when given together with cardiovascular stimulants (digitalin, cactin, etc.), by counterbalancing the constrictive action of the latter drugs upon the arteries of the kidneys. Hence the common custom of giving glonoin, digitalin and some one of the potassium salts together when a positive and prolonged diuretic action is desired.

The volume of blood may be increased by giving large draughts of water, or by introducing weak saline solutions by the mouth or subcutaneously; but in ordinary conditions the last suggested expedient is manifestly impracticable. Moreover, in certain depressed conditions, renal action is so inefficient that even the normal flow of blood embarrasses the kidneys and it would be merely increasing the difficulty to augment the blood current. There yet remain those drugs which (1) exert a diuretic action under certain conditions only, and (2) which increase the urinary secretion by their irritative action upon the renal tissues.

Of the former, calomel, pilocarpine and lactose are examples. The first-named drug supposedly acts directly upon the renal epithelium and is, therefore, most useful in cardiac dropsy, though it is also of service in many hepatic and some renal disorders.

Pilocarpine acts pronouncedly upon the kidney structure. Just how is not understood, but strangury and albuminuria have followed its too free use. This drug is not a useful general diuretic but may be exhibited in uremia and nephritic dropsies for quick and pronounced effect. Lactose is little used or understood but it is a potent diuretic in dropsies of cardiac origin.

With the exception of calomel, not one of the trio is suitable for routine exhibition.

The second class embraces the entire list of so-called "stimulant diuretics." Copaiba, cubeb, turpentine, barosmin, arbutin, chimaphilin, cantharidin, oil of juniper, erigeron, pareira, matico, sandalwood, etc., are examples. Peumus boldo (from which boldine is derived) belongs to this class. Each of these drugs acts more or less decidedly upon the mucous membrane of the entire genitourinary tract, stimulating renal activity and increasing the flow of urine to a greater or less degree according to conditions. Many of them possess antiseptic properties powerful enough to destroy or inhibit the growth of bacteria, and thus they retard decomposition of the urine. In overdoses some of these remedies produce inflammatory symptoms, affecting the bladder, urethra and

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Hay fever: The nose may be protected against pollen by smearing the mucosa with zinc ointment as far as possible.—Brunton.

Binz cured Helmholz of hay fever by washing out the nose with quinine a one-half per cent solution; a saturated solution.—Brunton.

kidneys. Of course care is essential.

Many of these drugs not alone increase the amount of urine secreted, but aid in the elimination of its solids. Boldine, caffeine, cantharidin, barosmin, arbutin, chimaphilin and cubebin are among the active principles which possess this dual action. The potassium salts (vegetable), lithia, turpentine and juniper, with pareira brava, act in a similar manner. We have also a few drugs which, while not strictly diuretic, influence the elimination of various urinary constituents.

DRUGS WHICH INCREASE ELIMINATION OF SOLIDS.

The iodides, the salicylates, the lithium salts, most purgatives, pilocarpine and colchicum may be thus listed.

Pilocarpine increases urea-elimination markedly, and colchicine undoubtedly causes an increase in the excretion of solids.

Apocynin is not only a diuretic but acts peculiarly upon the gastrointestinal tract causing profuse watery stools. It exerts, moreover, an action somewhat akin to that of digitalis upon the heart, and by its effect upon the circulation may cause profuse diuresis. This depends entirely, however, upon renal conditions. If there be any constriction of the arteries of the kidneys, the gastrointestinal and cardiac action alone will be evident.

The action of these drugs which increase the excretion of urinary solids is not well understood. Water alone may cause an increase by "flushing out" waste, but other agents probably increase proteid metabolism. The alkaline diuretics, it is claimed, cause more rapid and complete oxidation of the tissues, thus adding to the nitrogenous waste; but it is impossible to tell whether this surmise is founded upon fact, for the simple reason that the chemistry of the living body can never be overseen or studied as it progresses. There are also many drugs which exert a soothing action upon the renal cells, removing irritation and engorgements and thus restoring normal secretory activity. Most of these are decidedly mucous-membrane alteratives and tonics, exerting beneficial influence upon the membrane lining the entire genitourinary tract.

Triticum repens (couch-grass) affords an example, and a good preparation of this drug may advantageously be used, —frequently in conjunction with some more pronounced diuretic. Triticum increases the flow of the watery portion of the urine and may be used whenever there is a high specific gravity with an irritated condition of the urethra or bladder lining.

Eupurpurin, the active principle or *Eupatorium purpureum* (queen of the meadow) while a more potent agent, may also be mentioned here. It most markedly soothes and speedily alleviates renal inflammation, and genitourinary irritations generally. When uric acid is in excess, eupurpurin is of benefit; and it is also serviceable in dropsies of renal origin, strangury, "gravel" and hematuria. Patients who have a constant desire to urinate, burning and pain in back, or who pass urine mixed with mucus, will be relieved by its exhibition along with barley-water or an infusion of triticum repens. This drug is one of the best diuretics we have. In diseases of the uric-acid type, it increases retrograde tissue metamorphosis and stimulates elimination of waste. It is of service

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Some colds begin in the nose and travel down to the lungs; others in the pharynx and travel up and down.—Brunton.

Licorice has no action but to stimulate the salivary glands and thus keep the throat well lubricated with saliva.—Brunton.

in all cases where an alterative and diuretic is indicated.

As will be readily gathered from the above, it will, after all, be necessary to select the drug which will meet the conditions present when a diuretic is called for; but it often happens that the symptom-picture is so obscure that it is next to impossible to say just which remedy is indicated. In all cases it is possible, however, to tell whether the circulation needs stimulation or the reverse, and a simple test will reveal the excess, or lack, of solids in the urine.

In obscure cases it is well, as a rule, to select such drugs as possess an alterative diuretic action, and if we can, without setting up any gastrointestinal irritation or circulatory change, increase not alone the flow of urine but the excretion of waste *via* the kidneys, we shall usually accomplish our purpose. Digitalis (or its diuretic principle, digitonin) will not be suitable here, neither will the other diuretics which markedly affect the circulation—sparteine, convallamarin, scillitin, strophanthin, theobromine, etc.—and we shall have to turn to the class (already described) of renal stimulants. Among these are good, poor and uncertain diuretics, and here again the good ones are few. Turpentine, oil of juniper, oil erigeron, cantharidin and Pareira brava have their uses but each has also its disadvantage and nearly all are dangerous in full doses.

THE SAFE GENERAL DIURETICS.

Barosmin, asparagin, arbutin, caffeine, chimaphilin, boldine and benzoate of lithium will, however, either alone or in combination, meet our needs at all times. Cubebin may be added if a marked antiseptic action be desired, and the writer has found that cactin exhibited with any of the above, markedly enhances their action. Where the heart-action is weak and renal elimination, therefore, below normal, cactin alone will often give good results,—this owing to its pronounced tonic action upon the cardiac muscle. It may be exhibited in all cases in which the heart is subject to strain or seems deficient in force.

The most valuable of the above diuretic agents are boldine, arbutin, caffeine and barosmin. Boldine is an alkaloid derived, as stated above, from *Peumus boldo,* and has been well termed the "prince of diuretics." In proper doses this drug markedly increases the elimination of urea exerting moreover, a profound influence upon the liver. Here, perhaps, lies its chief value, for many cases which plainly call for diuretics, are really suffering from hepatic derangements, obscure in character but disastrous in effect.

Boldine does not affect the circulation in any way, but by causing a profuse flow of bile, it promptly relieves hepatic congestions. Careful clinicians have long classed boldine among the most valuable hepatic alteratives. Houdé considers it the remedy for cholelithiasis, and other observers confirm his views. Boldine increases appetite, causing a sense of heat in the stomach, and stimulates digestion. Bilious vomiting, migraine and all the other symptoms which arise from disordered hepatic action are relieved promptly by its use. A peculiarity of the drug is its anesthetic action upon the nervous system, and it is quite probable that the diuretic action of boldine is due to this peculiar influence upon the nerves.

As has already been pointed out, re-

Warm vapor causes increased secretion from the bronchial mucous membrane and brings the mucus away more easily.—Brunton.

More than a barrel full of nastiness accumulated in the making of echafolta within a short period.—Lloyd.

flex or direct depression of the vaso-constrictor nerve-fibers of the kidneys causes dilation of the renal arteries and an increased flow of blood; consequently, an increase in the flow of urine must take place. If, at the same time, we secure hepatic stimulation and increased digestive and assimilative capacity, it is quite evident that the tendency of things must be towards the normal. Boldine, therefore, will appeal to the clinician as a most valuable remedy, and will doubtless displace, to a great extent, calomel and other potent but often injurious drugs.

Boldine may be given in alternation, or with barosmin, arbutin, caffeine or asparagin, and is not incompatible with lithium benzoate. In general systemic torpidity, for instance, cactin (or caffeine), and boldine may be exhibited at frequent intervals—together with a daily morning saline draught—with the result that the circulation will be filled and quickened, glandular activity increased and thorough elimination insured. If we can send the blood-stream laden with reparative matter from the lacteals to the lungs, and can be sure that the skin and kidneys are able to take care of their share of the products of oxygenation on the return flow, we are doing a great deal with three harmless agents.

Boldine exerts a bactericidal action when eliminated *via* the kidneys, and is useful in specific urethritis and cystitis. It is also credited with anthelmintic properties. Its greatest utility, however, lies in its cholagog and diuretic activity; its unique action upon both liver and kidneys being peculiarily beneficial. The dosage may be varied widely, but two to three granules, gr. 1-67, given every two hours "to effect," or one full dose of six granules with the smaller doses following, will be found quite satisfactory. For hypnotic effect, give one or two granules every ten minutes for three or four doses before retiring. The elimination experienced the following morning will be a surprise to the uninitiated.

In choosing a diuretic, where the conditions are such as not to distinctly indicate some particular drug, boldine will prove the best agent if (1) there be hepatic torpor or congestion; (2) a catarrhal conduction of the duct with possible gallstone; (3) migraine; (4) appendicular inflammation; (5) hepatitis; (6) atonic dyspepsia; (7) gonorrhea (combining here with cubebin or methylene blue); (8) anorexia and constipation; (9) cystitis (chronic).

In nearly all conditions calling for a true hepatic stimulant and diuretic, boldine will prove infinitely superior to any other drug or combination of drugs.

Barosmin (from buchu) may be given alternately, or in conjunction, when there exists great irritability of the bladder or urinary tract, uric-acid deposits, or catarrhal conditions causing mucoid or muco-purulent discharges. If the urine is intensely acid or stained with bile, barosmin and boldine will be the remedies. They should be given with copious draughts of barley water.

Arbutin (glucoside from uva ursi) is of prime importance as a diuretic. It constringes the renal cells, but not the vessels, and is classed as an astringent. It is a powerful diuretic, being eliminated unchanged, in great part, by the kidneys whether given per os or hypodermatically, a small part being changed to hydroquinone on which its antiseptic power

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Micturition while standing is excessively dangerous to persons under the influence of digitalis; fatal syncope.—Brunton.

Blood pressure rises when more blood is pumped in by the heart, or when less flows out through the arterioles.—Brunton.

depends. In catarrhs of the bladder or urethra it is promptly efficacious; it prevents putrefaction of urine and destroys bacteria. If the urine is ammoniacal, arbutin will prove the best remedy—indeed, it is the agent of choice in all atonic conditions of the bladder and in cystitis, acute or chronic). Arbutin, moreover, is tonic to the urinary mucosa throughout, correcting relaxation, checking discharges of blood, pus, albumin or mucus; it relieves tenesmus and stranguary by lessening congestion, and will promptly put an end to the dribbling of urine in old age. In such cases, arbutin and cactin (with small doses of strychnine) proves practically specific. Barosmin and arbutin may often be alternated with advantage, and either one can be exhibited with boldine.

GENERAL CONCLUSION.

After careful consideration it will be seen that the most generally useful, safest and most positively efficacious diuretics for exhibition in cases not calling for circulatory stimulants will be some combination of boldine, barosmin, and arbutin. Eupurpurin and triticum may also be considered. The latter, however, can only be secured in fluid form and the preparations available vary greatly in quality.

With these active principles (exhibited always with a draught of pure water or barley-water) we can meet every pathologic condition which does not specifically call for a diuretic possessing some other and distinct physiologic action. Moreover, such eliminants as colchicine, the salicylates and the iodides may be administered intercurrently without ill-effect; and it will be found that a careful combination of caffeine or cactin with boldine, barosmin or arbutin, will often prove more efficient than digitalis or other better-known (and more irritating) drugs of the same class.

Caffeine raises the blood-pressure and also stimulates the secretory cells of the kidneys; it has, moreover, a direct action upon the heart and the vasomotor center; respiration is also stimulated; while it has valuable nerve-tonic properties, shown in the sense of well-being and the relief of pain which follow its use in certain atonic cases.

Boldine does not in any way affect the heart, respiration or circulation, but does act powerfully upon the nervous system, liver and kidneys, markedly increasing the flow of bile and the elimination of urea. It will thus be seen that here we have a most valuable combination, one which comes very near to being the "ideal diuretic" so long desired.

In cases where caffeine is contraindicated cactin will prove equally efficient, while devoid of the disadvantages of the former drug. Cactin acts as a powerful cardiac tonic, increasing the height and force of the pulse wave. It does not irritate the stomach, is not cumulative in effect and markedly influences the sympathetic for good. The nutrition of the heart is improved by its exhibition, valvular murmurs soon ceasing to be apparent. It also aids in restoring "nerve-balance" and thus, with a tonic diuretic and hepatic-alterative like boldine, it performs a vast amount of work in a prompt and effective manner. It is a valuable and unfortunately neglected remedy.

From the foregoing it will be gathered that for special disorders it will be necessary to select special diuretics, but it has

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Increased heart-action only raises blood-pressure when there is a full supply of blood; pulmonary obstruction lowers.—Brunton.

Blood-pressure is raised by the heart beating faster or stronger, and by contraction of the arterioles.—Brunton.

also been shown that in boldine, barosmin, arbutin, cactin and caffeine we possess a quintet of remedies which, in varying combination, will well meet every demand for a non-injurious yet positively-acting diuretic. Try them. They will not fail you.

Chicago, Illinois.

CARDIAC DILATION WITH COMPLICATIONS.

A CLINICAL LECTURE DELIVERED AT THE POST-GRADUATE MEDICAL SCHOOL, CHICAGO.

BY GEORGE F. BUTLER, M. D.
Professor of Medicine, Post-Graduate Medical School of Chicago, etc.

GENTLEMEN: This patient is a stone mason. He is sixty years of age and was born in Detroit. His mother died of tuberculosis and his father suffered from rheumatism, but he does not know the cause of his death. One of his brothers, he says, died of "dropsy" at fifty years of age. Save the ordinary diseases of childhood he has been sick but once. When about twenty-three years of age he had acute articular rheumatism and was ill nearly six weeks. It is probable that he contracted syphilis when forty years old. He says at that time he had a "chancroid" which was "burned." He remembers having had an eruption on his chest and on the palms of his hands at that time, and has since complained occasionally of sore throat and rheumatoid pains. He has used both tobacco and alcohol to excess. He is constipated much of the time but occasionally suffers from diarrhea; appetite and digestion poor. About four years ago he had a severe cold and thinks he had la grippe. He has since suffered more or less from shortness of breath and a troublesome cough. These symptoms have been much worse during the past week, he informs me. You will note a slight puffiness of the face, and his feet and ankles, as you see, are quite swollen. The urine has a specific gravity of 1012 and contains albumin and a few granular casts.

The pulsations of the heart are jerky, rapid and irregular. You will observe the apex beat is in the sixth interspace and much to the left of the nipple line. The area of cardiac dulness is considerably increased, extending upward to the third interspace and to the right of the sternum, making a dull area which is irregularly quadrilateral. The pulse is feeble and irregular. The pulse rate is 100 while the cardiac impulse is 120. The radial and temporal arteries are rigid, the latter being tortuous. At the apex the first sound is replaced by a soft blowing murmur which is transmitted into the axilla and is heard behind the scapula. The second sound is heard indistinctly at the apex. We find a rough systolic murmur at the aortic cartilage and a blowing sound with the beginning of the diastole. A venous thrill can be felt above the clavicle.

In the lungs we find scattered areas of dulness, and I can detect a few subcrepitant rales over both sides of the chest.

I am led to make a diagnosis here of cardiac dilation with mitral regurgitation and aortic stenosis and regurgita-

Blood pressure falls from heart beating slower or weaker, arterioles dilating, or short supply of blood to left ventricle.—Brunton.

When the heart beats quickly it has not time to fill and sends out less blood than when beating slowly.—Brunton.

tion and interstitial nephritis with general arteriosclerosis. The heart muscle is both enlarged by hyperplasia and stretched by distention.

It is possible that some of you have suspected the presence of a pericardial effusion owing to the enlarged area of cardiac dulness. Were such the case, the outline of dulness would probably be pyramidal or triangular instead of irregularly quadrilateral as it is. The diagnosis of a small effusion is difficult, and not infrequently pericardial effusion is mistaken for dilated heart, and *vice versa*. Large effusions are easily determined. The apex beat cannot be seen as in this case and the area of cardiac motion is indistinct. The apex beat is raised considerably and carried to the left, and the impulse of the heart will be more feeble than its comparative effort would indicate. Moreover, in this case there is no marked dulness beyond the apex beat which would be the case in pericardial effusion.

It is also very important to note whether the dulness extends below the apparent apex beat in differentiating cardiac enlargement or dilatation from effusion.

This man's condition is due probably to secondary hypertrophic dilation, that is, the dilation is secondary to a cardiac hypertrophy, the cavities being increased in size, while the heart walls are thicker than normal. The dilation is the principal factor to be considered in this case and it is well in all cases of cardiac dilation to recognize the cause if possible. A simple dilation may follow endo- and pericarditis, myocarditis, or be the result of degeneration of the heart muscle from a toxemia of some sort, and it may arise also secondarily from, or be incident to, exophthalmic goiter. Should the nutrition of the muscle be so poor as to prevent perfect compensation, then such a condition as we have in this case takes place, that is, hypertrophic dilatation. It is necessary to decide, however, whether hypertrophic dilation is a primary dilation with a compensatory hypertrophy, or a dilation resulting from a degeneration of a previously hypertrophied cardiac muscle. In view of the history of the case, the presence of nephritis and valvular disease, the dilation has been gradual in all probability and fairly coincident with the hypertrophy.

We have all the conditions here for cardiac dilation. Doubtless there was a time in this man's history when compensation was perfect even after the valves became diseased, but as time went on, the ventricle became hypertrophied from the resistance in the aorta from general arteriosclerosis resulting in increasing intraventricular strain and coincident with this increasing ventral and aortic insufficiency, resulting finally in cardiac dilation with all the symptoms of compensatory failure as manifested here.

The important question to the patient, and should be to us as well, is—can we offer him any hope of relief? Much can be done to relieve his distressing symptoms and prolong his life, if he is so situated that he can follow out implicitly the course of treatment I shall suggest.

Owing to the various complications, much skill is required to secure the most satisfactory results. The most important consideration just now is that of the

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Unnecessarily prolonging the systole deprives the heart of blood by cutting short the supply during diastole.—Brunton.

Rising blood-pressure slows the heart by raising tone of vagus center; falling pressure vice versa; automatic.—Brunton.

heart. The patient should be put at once to bed and absolute rest maintained for a while. Having to deal with a damaged heart muscle and badly damaged valves, it is necessary to give the patient some cardiac medicament. But simultaneously with the administration of cardiants, hydragogue cathartics should be given, but the patient should not be allowed to get out of bed to move the bowels, but make use of the bed pan.

Some authorities will tell you in such a case as this with marked arterial obstruction, especially a nephritic, that digitalis is unsafe. I do not believe the drug is contraindicated here if properly given and associated with a vasodilator. I will specifically outline the treatment the patient should have.

Put him absolutely at rest in bed. Begin at once with full doses of saline laxative repeated every two hours until free watery evacuations from the bowels occur, then keep the bowels freely open every day, with the same remedy, regulating the size of and the intervals between the doses by the effect produced. This will not only reduce the dropsy, favor elimination, but greatly relieve the work of the kidneys.

To strengthen the heart muscle and improve the circulation, give him two to four granules of digitalin (gr. 1-67 each) every two or three hours and with each dose of this 1-134 grain of veratrine to counteract the contracting influence of the digitalin on the arterioles. This treatment should be continued for two or three days or until the condition of the heart is better and compensation fairly well established, when it might be well substituted for the digitalin and veratrine; strophantin, gr. 1-134, and strychnine in doses of say, 1-40 grain, or even smaller, every three or four hours, according to their effect on the circulation. Potassium iodide should be given in 4 or 5 grain doses three times a day, in water after eating. This will have a beneficial influence on the degenerated arteries and at the same time exercise a mild alterative influence as an antisyphilitic. Later the patient should be put on Basham's mixture.

Gentle massage of the entire body but especially of the extremities should be given once a day at least. This will improve the venous circulation, strengthen the ventricular systole and favor both absorption and elimination.

For some time the diet should consist principally of milk, small quantities being given at a time and at intervals of about two hours. Meats, meat broths, etc., should be prohibited at first. As the patient's condition improves, a little chicken or veal may be given him, and gradually more and more solid food. The tendency with many physicians is to over feed in these cases. A moderately restricted diet, is, as a rule, best. Alcohol and tobacco should be prohibited.

As the patient improves, a moderate amount of exercise in the open air should be indulged in, care being taken not to exercise to the extent of producing dyspnea or palpitation. When the pulse is made slower, the respiration easier and the general comfort and well-being of the patient enhanced, you may know that the exercise employed is beneficial.

A full bath at a temperature of 98° to 100° F., taken before breakfast, is often of value. During the bath the body should be gently rubbed by an assistant, and the duration of the bath

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With increased heart force blood pressure and pulse rate rise together; raise arteriole tone and pulse slows.—Brunton.

Digitalis contracts the arterioles so that the fall of blood pressure is much slower during cardiac diastole.—Brunton.

should not exceed ten minutes. After removal the patient should be rapidly dried and rubbed down when he should be put to bed and allowed to rest quietly for an hour.

During the bath the patient should lie quietly, making no unnecessary exertion. Should he show any evidences of cyanosis, apnea, or should the pulse become more irregular, he should be removed from the bath at once, rubbed down and put to bed, remaining there until all bad symptoms have disappeared.

Now this is practically the line of treatment I should adopt in this case, although I might have to vary the treatment some, should indications demand it. Each individual is a law unto himself, and you should remember, always, that you are treating an individual and not a disease.

Chicago, Illinois.

THE ACUTE DISEASES OF CHILDREN.

BY GEO. H. CANDLER, M. D.

II. MEASLES AND CHICKEN-POX.

MEASLES (rubeola, morbilli) is without question the most common of all the eruptive fevers, few children escaping the disease. It is, from the first, extremely contagious and while not often dangerous in itself, frequently prepares the way for more serious disorders. Otitis is especially to be guarded against and laryngitis and bronchopneumonia frequently complicate matters. The absolute necessity for constant and minute attention to the toilet of the nose, mouth and throat will be apparent.

A microörganism, not yet identified, is supposed to be the primal cause of the disease; the infection in air-borne, children frequently contracting the disease from occupying the same room at school or even passing the house of an infected individual. The germ has not the resistant power possessed by the microörganism of scarlatina, free exposure of clothing to air and sunlight seemingly soon causing its destruction; it is always wise, however, to thoroughly disinfect all clothing and the premises probably infected, after a case of measles. In very rare cases the disease has been conveyed by a third person, the parent, doctor or nurse, but as a rule direct contact is necessary. The prodromal symptoms are often slight and the patient developing measles—infectious even at this early stage—plays with other children or attends school till the appearance of the rash attracts attention.

The fact that very young children, nursing infants especially, do not readily contract measles is proven beyond question, yet the exceptions are many, the writer having seen an entire family, from grandmother to nursing infant, contract measles from a ten-year-old girl.

Incubation.—The incubative period is from ten to fourteen days, the disease usually appearing within ten days after exposure.

The first *symptoms* are usually a marked coryza with some headache and sore-throat; the cough is often trouble-

The contraction of the arterioles by digitalis raises an obstacle to the work of the heart; may be dangerous.

Intestinal vessels contract greatly on stimulation of vasomotor centers; those of the muscles but slightly.—Brunton.

some, being frequent and violent, occasionally provoking vomiting. Upon examination the tonsils and fauces will be found congested and, if a careful survey of the hard palate and buccal mucosa is made, minute red spots may be noted upon the roof of the mouth, while minute, bluish-white macules (Koplik's spots) appear upon the mucous lining of the cheeks. These become more apparent, often, if the mouth is kept open for a minute and slight tension is made upon the cheek by pressure with the finger tip, hooked within the corner of the mouth.

The child may complain of backache, lack of appetite and smarting of the eyes; in many cases the light proves disagreeable and the little patient seeks the dark corners. Listlessness is general in younger children. There may or may not be some elevation of temperature, though I have frequently noted a rise of half a degree the day before the spots were discoverable upon the buccal mucosa. It might be observed here, that it is well to examine suspected cases twice daily, and with artificial light, as the macules (usually opposite the molars) are not always easily seen, although they are present in nearly every well-marked case. Their value in making an early and positive diagnosis cannot be overestimated since they appear in none of the other eruptive fevers.

Once the rash appears upon the face (usually three to four days later) they fade entirely away. This should be remembered, as physicians have given a negative diagnosis because Koplik's spots were not to be found, though the typical eruption of measles existed on the body. Quite frequently the doctor does not see the patient till the rash has developed and fever is marked, but in every case of coryza with cough and malaise we should examine the mouth carefully, as we may thus materially mitigate the symptoms and even shorten the course of the disease.

The rash appears first upon the face—usually about the ears, mouth and nose and may be looked for on the third or fourth day after the coryza has set in. In some cases the eruption is thickest about the hair on the neck and resembles nothing so much as a number of flea-bites. Hour by hour the eruption spreads until the entire face is patched with small, dark red macules. In places the skin is unaffected, in others the spots coalesce. Some swelling may occur, the eyes especially becoming puffed, and crusts may form about the nasal openings. In severe cases the features become unrecognizable. Within two days the rash is fully "out" and may become papular. As a rule, about the second day the eruption spreads to the chest, back and arms and, last of all, the trunk and extremities suffer. It is not uncommon to see cases without any eruption below the knees, but it is a rule for the rash to fade from the face about the time that spots appear upon the lower limbs.

Desquamation begins immediately after the eruption disappears, beginning naturally upon the face and following downwards. The skin is shed in fine bran-like particles and the child becomes less dangerous as the desquamation proceeds. In three weeks from the time of attack the danger of contagion is, as a rule, over. In mild cases desquamation

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Arterioles contract by their smooth muscular fibers; dilate by elasticity and pressure of fluid contents.—Brunton.

J. B. Roberts unkindly hints that the testimony of doctors in damage suits is influenced by success insuring fees.

is slight; here the eruption has been marked and there has been considerable fever. The process lasts from eight days to two weeks—the latter period being a safe limit.

The temperature is usually at its highest during the appearance of the rash; it reaches this point, in typical cases, about the second day—when the face is covered with macules; 104° to 105° F. is not uncommon, though under modern treatment, instituted early, it rarely exceeds 102° F. At this period discomfort is likely to be extreme; the skin itches and burns, the eyes and nose run profusely, the tongue is coated and the cough frequent and severe. The conjunctivæ are injected and muco-pus may exude and fasten the eyelids together. This never occurs if proper treatment is instituted.

The tongue of measles somewhat resembles that of scarlet fever but the papillæ are not as prominent and the edges have not the characteristic redness. In cases seen at this time constipation is the rule; but diarrhea may be present and this symptom calls for prompt remedial measures—ileocolitis being always possible. There is more or less difficulty in deglutition, the tonsils and fauces being swollen. The glands (sub-maxillary and post-cervical) may be swollen, indeed usually are. Under proper treatment the rash declines about the third or fourth day and as it fades the fever falls, the cough lessens and the patient feels better generally. By the time desquamation has well set in the trouble in uncomplicated cases is to keep the patient in bed.

Atypical Cases.—Occasionally the attack is sudden, high fever coming on within a few hours and the child showing every sign of profound toxemia. Here the rash may appear almost with the fever and in less than a day cover the entire body. In exceptional cases it may be hemorrhagic—"black measles." It is a question whether this is not after all a mixed infection: I have noticed that such cases convey a similar contagion in nearly every instance. In such patients the temperature runs high and exhaustion soon follows. While not necessarily fatal the prognosis is bad.

In some severe cases the rash is very scanty and appears late, but every other symptom is accentuated. Again, the spots may be few and faint, scarcely invading the body at all; the fever is moderate and the child scarcely complains. If allowed to run loose, however, severe symptoms may develop. A patient who has measles *must* always be kept in bed till the disease has run its course. In rare instances the rash disappears, severe prostration ensues and later the eruption redevelops with increased severity. Mild cases are not always to be easily distinguished from rubella, but the typical smell of the measles' patient when desquamating will never be mistaken!

Prognosis.—In ordinary cases excellent; in cases complicated by bronchopneumonia or ileocolitis guarded. The necessity for careful attention to eyes and ears must be impressed upon the nurse.

Differential Diagnosis.—Rubella is so closely allied to measles that it is frequently confounded with the latter disease. Koplik's spots (the bluish-white macules upon the buccal mucosa) are, however, never present in rubella. The fever is slight, coryza hardly notice-

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Very dilute alkalies cause great contraction of the vessels, sometimes almost entirely stopping the flow of blood.—Brunton.

Dilute acids dilate vessels and increase exudation of fluid producing edema of surrounding tissues.—Brunton.

able—if present at all—and the rash is usually the first thing to attract attention. However, there may be some malaise, vomiting or headache. Occasionally severe systemic disturbances occur. The disease is contagious, having an incubative period of two to three weeks. Measles and scarlet fever do not protect against rubella and the whole trio may occur in the one person within a year. The rash tells the story. Appearing first (as a rule) upon the face it covers within a few hours the chest and body; the spots are generally pale red in color and often pinhead in size, sometimes even resembling scarlet fever. Discrete maculo-papules may be found about the wrist or forehead in nearly all cases however. The whole eruption may fade in one day or last two and the fever rarely exceeds 101° F. Glandular swelling is common but also transient and desquamation is often absent, though it is best to have the patient take a series of antiseptic baths. The disease is of little importance and the main thing is to treat symptoms—clean out and keep clean—mouth, nose, intestine and skin, and prevent others from contracting the disorder. Many a case of rubella has been termed rubiola and the physician has gloried in the prompt manner in which he vanquished the disease.

Scarlet Fever.—Here the invasion is abrupt and symptoms severe. Koplik's spots are lacking and coryza absent. The temperature runs up to 104° to 105° F., without any sign of eruption save perhaps a congestion of fauces and tonsils, while "red-pepper" spots may be noted on the roof of the mouth. Headache is marked, sore-throat distressing and prostration profound even early. The rash appears first upon neck or chest, rarely about groins, axillæ or buttocks. There are no macules, the skin assuming a red tint. About the mouth and nose white areas will be noted. There can be no possible misconception of the condition, once eruption occurs. Sore-throat, without cough and coryza, vomiting, prostration, severe headache and pain in back with high temperature usually mean scarlatina. In from twelve to thirty-six hours the eruption will decide the diagnosis.

Treatment.—Most writers assert that measles is a self-limited disease and that treatment is useless. We beg to differ. All germ diseases are "self-limited" if left to themselves, but the doctor is supposed to be able to check their progress. In measles he can undoubtedly do this. He can, moreover, see to it that complications are prevented and serious sequalæ avoided. Measles, accompanied by pneumonia, proves extremely fatal—but pneumonia should not be allowed to occur. Otitis, as a complication, causes many cases of deafness; otitis need not develop. The catarrhal angina which always exists requires attention, most certainly, and the microörganism may just as well be destroyed, as left to do harikari when satisfied he can do no more damage!

The best way to treat measles is to begin early and saturate the patient with calcium sulphide, at the same time exhibiting small doses of quinine (the arsenate or hydroferrocyanide) and nuclein. In order to secure normal intestinal conditions it is well to exhibit blue mass and soda, gr. 1 (or calomel gr. 1-6 to 1-10 according to age) every hour for four doses, adding gr. 1-12 of pod-

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Potassium chloride causes great contraction of vessels; barium, calcium and strontium less but still some.—Brunton.

Lithium, magnesium, cadmium, nickel and cobalt cause slight contraction of blood vessels; aluminum only in 1 per cent solutions.

ophyllin to each dose. One hour after the last dose a saline draught is given and after the bowels have moved freely a warm enema of saline solution or, better still, a mild alkaline antiseptic. The child is of course placed in bed, and mouth, nostrils and fauces are rinsed, sprayed or gargled with a mentholated alkaline antiseptic. The ears are carefully syringed with a warm boric acid solution, and then two minims of campho-menthol in petrolatum are dropped into the canal.

The child is stripped, piece by piece, and sponged with a solution of magnesium sulphate, carbolated, at body temperature. The solution is made as follows: In a quart of water, which has just boiled, two ounces of magnesium sulphate is placed; the salt is thoroughly dissolved by stirring, and then ten minims of carbolic acid is added. This lotion should be used twice daily throughout the course of all the eruptive fevers; it lessens irritation, prevents infection, keeps the pores open and active, and generally soothes and quiets the patient. Care should be taken to sponge only a part of the body at a time, and to *keep the solution just a degree or two warmer than the body.*

Nuclein, gtt. 4 to 6, should be given three times a day and calcium sulphide, gr. 1-6, every hour for forty-eight hours, then every two. Till the rash is pronounced quinine arsenate, gr. 1-67, may be exhibited every three or four hours, making way as the fever rises and rash appears for a solution of gelseminine (or aconitine) and echinacea. The dosage of gelseminine or aconitine varies, but enough should be given to keep the temperature below 102° F. If, however, the bowel has been emptied, and the skin kept clean, the calcium sulphide and nuclein will prevent hyperpyrexia. In fact, fever under this treatment is so slight as to be be of no moment.

In the room upon a small lamp a tin containing boiling water should be placed and eucalyptol and turpentine, twenty drops of each, should be dropped therein every four hours. The medicated steam serves to control bronchial symptoms. The enema is repeated each day for the first four days, when, usually, all symptoms have ceased.

If cough is at all severe a few doses of calx iodata will control it. Diarrhea will yield to the sulphocarbolates, gr. 2 every three hours, added to above measures. Occasionally renal action is deficient, even the daily saline (which should *always* be given) failing to promote a free flow of urine. Barley water should then be taken *ad lib*, with gr. 1-3 barosmin every three hours. Excessive urination with signs of renal irritation will call for arbutin, gr. 1, at equal intervals. Otitis yields promptly to heat and instillations of europhen-aristol in petrolatum.

The diet should be light: barley-water, gruels, fruit juices, custard and light broths, with stale bread, zwieback and crackers being ample at first. Later a mixed easily-digested diet may be given. Tonics are essential, the arsenates of iron, quinine and strychnine being the best for general use. Special indications must be met as they arise. The more pronounced the infection the more need for the systemic antiseptics (calcium sulphide, nuclein and echinacea) and the more essential the enema, saline draught and sponge bath. In some few cases

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Barium causes rapid contraction of blood vessels; calcium and strontium gradual; iron slow contraction.—Brunton.

Every man being his own criterion it is always the other doctor who hyper medicates. —W. C. Cooper, in *"Preventive Medicine."*

intestinal antiseptics are demanded; here again the sulphocarbolates will be found invaluable. If constipation exists the calcium and sodium salts should be given, zinc proving too astringent.

VARICELLA.

Varicella (chicken-pox) is an extremely infectious disease which affects children under fourteen usually, though adults may contract it. The specific germ has not yet been isolated. Contagion is spread by fomites, contact not being necessary. One attack renders the patient immune.

The period of *incubation* is usually two weeks, though the eruption has been seen ten days after exposure and has been delayed for twenty-one days.

The disease presents in various forms; prodromata may be entirely absent, though careful inquiry will usually develop the fact that the child has been constipated, peevish and inclined to neglect its food. Headache, malaise, chills and slight fever may usher in the eruption, though in many cases the typical spots are the first thing to attract attention. These usually appear upon the trunk, being scattered over chest, abdomen and back.

At first the papule is small, slightly elevated and surrounded by an erythematous ring; at this time the fever usually reaches 101° to 102° F. During the second day the first spots become vesicular, each looking like a minute cantharidal blister upon a pimple. In a day or so this vesicle sinks in the center and a typical umbilicated pock presents. In another day or two this dries, and a brownish crust separates leaving a whitened area beneath. During this time other crops of papules have appeared so that on the one patient we can find the new papule, the full vesicle, the umbilicated variety and dry crusts, with here and there white spots showing recent separation of scab. On the face or other exposed areas infection of the vesicle is likely to occur, a pustule resulting; these may prove slow to heal and leave typical white depressions which closely resemble the "pit" of variola. A fatal variety of the disease is known—*varicella gangrenosa*—but fortunately it is extremely rare.

The *diagnosis* is easily made from the successive crops of papules, the course of the lesions and absence of systemic disturbances. The hands and feet are rarely affected; the face usually escapes lightly.

Erysipelas is a possible complication and quite often there is a more or less obstinate adenitis. Nephritis not infrequently has its origin in an attack of varicella improperly treated. The laity have a habit of greasing the skin, which serves to confine the toxins and limit excretion of effete matter. The physician should impress upon his clientele the necessity for elimination and proper care in this as in all other germ invasions.

Treatment.—This is simple enough but "the right thing" here as elsewhere speedily mitigates the entire process. The bowels should be thoroughly evacuated with fractional doses of calomel and iridin—gr. 1-6 each, hourly for six doses, being usually sufficient. This medication may well be given in the evening and the next morning a saline effervescent (magnesium sulphate) draught should be exhibited the first thing. Every other night the calomel and iridin should be repeated and the saline exhibited daily.

Mental phimosis can not be cured by circumcision. Podophyllin won't reach a constipated pocket-book.—Cooper.

Diagnosis is the trigger of prognosis. To antiphlogisticate is to fight Nature. Tissue-food is myth-food.—Cooper.

Calcium sulphide and arsenic sulphide are the two main remedies; the administration of gr. 1-3 of calcium sulphide every two hours and gr. 1-67 of arsenic sulphide after each meal checking the disease within four days. The papules cease to appear, the few vesicles shrink and rapidly dry up and normal conditions are reestablished.

If the skin is well sponged with a solution of sodium chloride to which a little cinnamon water has been added (or even a weak carbolized solution), the irritation will subside and infection is less probable. Vesicles upon the face should be opened with a fine needle and covered with aristol collodion. Infected vesicles should be cleansed with peroxide of hydrogen and touched with pure turpentine or dusted with aristol or europhen. Thuja applied to the vesicles promptly dries them up. In strumous, ill-fed children, free elimiation *must* be maintained and the triple arsenates, with stillingin and echinacea, exhibited for some days. In one series of cases treated by the writer, after thorough elimination was secured, ichthyol was given, gr. 1 every three hours, and the entire body bathed with a solution of ichthyol one dram, glycerin one ounce, water one pint. In five days there was not a sign of vericella to be seen in four out of the five cases, the latter having two infected vesicles upon the face which healed three days later. It is probable that carbenzol would prove even more efficacious.

It may be well to call attention here to the fact that occasionally a severe type of varicella becomes practically epidemic in certain localities, and physicians have from time to time reported such cases as being a mild form of variola. "Cuban itch," "miner's pock," and various other terms, have been used to describe indiscriminately cases of true smallpox and a severe type of varicella. There is no basal induration in varicella, the typical "shotty" feel never being present; moreover, in chicken-pox the mucous surfaces are not affected and the *mature* vesicle is flat and finally presents a brownish scab. Umbilication is not pronounced in any case of varicella and transient always. Pustules only present when infection of the contents of vesicle occurs. There is no odor in varicella; in variola it is distinctive.

There is unquestionably occurring at present—and has been for some five years past—a peculiar eruptive disease which is neither variola nor varicella of the usual type and physicians treating these cases should carefully note the symptoms and clinical phenomena presenting in all their cases, reporting these for comparison. The very unsatisfactory terms describing this "bastard" disease fail to convey a true idea of its character. The fact that some doctors report patients as suffering from second and third attacks proves the disorder to be peculiar. Variola does not protect against varicella and *vice versa,* but the former disease rarely occurs in the same patient twice and the latter never.

Chicago, Illinois.

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The next article in this series will deal with "Mumps, Erysipelas and Glandular Fever." We hope that every reader of CLINICAL MEDICINE is following carefully these articles from month to month. There is too much of a tendency to take things for granted in the treatment of the infectious diseases—to

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To stimulate is to borrow from a bankrupt future. The anodyne cheats the patient and blindfolds the doctor.—Cooper.

The degree to which a drug antipyretic reduces temperature is exactly that to which it reduces the patient.—Cooper.

believe that Nature will take care of the patient and that whether he lives or dies the responsibility is not yours. It is yours! Much can be done! Intelligent and common-sense methods often mean the saving of a life—a very precious life. Dr. Candler is giving us *commonsense*—that's all.—Ed.

FOOD IS FOOD AND MEDICINE IS MEDICINE.

BY WILLIAM COLBY COOPER, M. D.

THE above title constitutes one of the axioms in my little book "Preventive Medicine", etc., recently put on the market. It is not astonishing that nearly all doctors question the axiomship of the proposition. Through all the past it seems to have gone without the saying, that food merges into drugs, and *vice versa*. The axiom, therefore, collides with a fixed conviction which is the outcome of heredity, and which is buttressed by the sancity of classicism. Much hard thinking on the subject has convinced me that it is as assuredly self-justified as any axiom in mathematics. A discussion of the question has, for some time, been going on (by letter) between myself and that very able medical philosopher, Professor W. F. Waugh. In a most brilliant and compelling paper the Professor tentatively half affirms the usual contention of the profession on the question. I am nearly persuaded that our correspondence has led to a revision of his original provisional conclusion in the matter. Anyhow he asked me to write a paper on the subject and this article is written in response to that request.

First, if food and medicine terminate in identity, there would be no philological excuse for the use of distinctive terms in relation to them—them, not it. It is not as if you would call a horse a nag, for the term "nag" is not used for a distinguishing reason. A nag is always a horse, but the word "food" carries no drug idea in itself, any more than the word "drug" carries in itself the food idea. The word food is opposingly related to the word drug. We have to have the two distinguishing words—we don't have to have the word, nag. By very linguistic necessity then, the offices of "food," and "drug" are distinctive ones. Whence it inevitably follows that a food is a food and a drug is a drug.

Fundamental to all facts are the distinctifying ones — homogeneity and heterogeneity. There can be no exception to this, because, in the last analysis a thing is what it is because it is not anything else.

This would not be affected by the ultimate truth of monism, because we live in the *proximate*. *Betweenness* is the first necessity of being, and its significance holds the last possibility of things. A *homing* impulse is necessarily related to every individual thing, whence the fact of homogeneity, and therefore too, whence the fact of heterogeneity. Each cell of our tissues is an individual by virtue of pecularity in endowment. Each cell, like everything else, is perpetually in relation with a self-conserving stress and counterstress. Self perpetuity is the prime fact of the primal

Rational empiricism is the condition precedent to rational clinicism. Beauty is the map of health.—Cooper.

The appendix is the surgical center of gravity. Gelsemium is bryonia's right bower; belladonna is aconite's.—Cooper.

fiat of being. Each cell, therefore, accepts *its own,* i. e., what is homogeneous to it, and rejects what is *not its own,* i. e., what is heterogenous to it. The lime cell for instance, elects lime (not free lime, but nature's lime) out of the blood current. *It cannot possibly select anything else,* for it cannot transcend itself. Dear Doctor, *tamp this vital fact into your consciousness* for upon an ignorance of, or a disregard for this fact depends one-half of therapeutic error. The function of the cell (aside from self-conservation in which the same limitations exist) is to accept homogeneous material and reject heterogeneous matter. In the mystic arcanum where the cells themselves are evolved the same principle must hold. Back of this and into the material prophecy of the cell, we may not go. We seem barred from this by the same veil which separates us from God Immanent. But it is eternally *betweenness*—like opposed to unlike.

The blood is the polyglot tissue which appeals to all the other tissues. Its various elements are responded to by the cells that speak the particular language of a particular element. The cells are not linguists—each cell speaks but *one* language. The iron cell cannot understand the lime language, for instance. The phosphorus cell cannot understand either of these. *None of the cells* can understand the language of *free* (chemical) lime, iron, phosphorus, strychnia, arsenic, aconite, belladonna, etc., etc., while the tissue building cells are severally alien to each other dosimetrically, they are alien *en masse* to the foreigner, such as aconite, for instance. This is because aconite is not a tissue constituent. Chemical iron is just as foreign to the cell as aconite, and one is as promptly rejected as the other. Only when the chemist can precisely duplicate natural food iron, will he succeed in having it assimilated, and then it would have no excuse for existence, since the table furnishes all the food iron the system can take up, and a good deal more. Chemical iron is not a food, and if it possess any medicinal property besides astringency, I do not know what it is. Lime, phosphorus, etc., are useful drugs, but they are not tissue foods. There is not, and in the nature of things, never can be a *direct* tissue food.

There is no article of diet in which a food principle and a drug principle merge into identity. This is because nature is self consistent throughout. Prunes contain an aperient element. It is not assimilated, but performs its drug function and is eliminated. The same is true of asparagus in reference to diuresis. Whether common salt is all a food or not I do not know. Certainly the various spices are not. It is not surprising therefore that they promote indigestion. Coffee and tea contain drugs and these drugs being true to themselves —always produce their peculiar drug effects. A food is never a drug because no two things can be simultaneously different and not different. No one can possibly deny that the toxic element of coffee is *different* from its nutritious element.

Drugs are foreign to and are enemies of the animal organism. That is the *only* reason drugs can be *curatively* applied. The only reason for this is that drugs cure by shock. A particular drug will (through a specific hostile affinity) address itself to a particular tissue. The

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Veratrum and bryonia—pneumonia knock-out drops. Podophyllin is ambidextrous. Digitalis is a sneak and an assassin.—Cooper.

A poultice draws on the imagination of the credulous. Strychnine is purely a stimulant. Liniment is just liniment.—Cooper.

tissue resents it and the perturbation attending the repulsion distracts the morbid into the normal trend. I have not time nor space to enlarge on this now, but I beg you, Doctor to *think* of it.

Cleves, Ohio.

CHOLERA INFANTUM.*

BY W. J. POLLOCK, M. D.

CHOLERA Infantum is an acute intestinal inflammation of infants characterized by its sudden onset, high temperature, vomiting, characteristic frequent evacuations from the bowels, loss of appetite, soon followed by collapse.

Probably the great factors in causing this disease could be placed under the following heads: First, temperature; second, diet; third, hygienic surroundings. Over ninety-five per cent of the cases of cholera infantum occur during the hot days from June first to November first.

By some physicians, many of these cases are considered as cases of heat stroke. There is no doubt that in many cases the constitutional depression produced by the high atmospheric temperature may seriously interfere with proper digestion, or that the great thirst caused by excessive perspiration may lead to over-feeding and thus to digestive troubles.

While this may be true of a small percentage of cases, it is not a satisfactory explanation of all cases, for it is now believed by many that the disease is largely due to infectious bacteria, for the following reasons:

1. That if it was the external temperature alone which was the primary cause, then breast-fed children would be as prone to the disease as artificially-fed infants, which is not the case, for a very high percentage of these sufferers are those brought up either wholly or partially on artificial foods.

2. During the time when the disease is not prevalent the external temperature favors the development of bacteria in cows' milk.

3. The imperfect digestion and delayed absorption favor the development of poisonous substances produced by chemical changes in food within the intestines by bacteria ordinarily inactive. Unhygienic surroundings favor the development of bacteria in the artificial foods under the conditions just stated.

You no doubt have all seen places where the utensils in which the foods are prepared and kept, are not thoroughly cleansed, nursing bottles and nipples which are not washed from one feeding to the next. Soiled napkins are left lying in the room where the child is kept, or if not lying there, are washed out and dried by the same fire which furnishes heat for the room in which the child is living. All these things help to lower the vitality of the child and favor development of bacteria in the food used.

The symptoms come on suddenly. The child voids frequent and immense stools, at first fecal, soon becoming watery, yellow or greenish in color, and

*Read at the meeting of the Illinois Eclectic State Medical Society.

Don't whip the struggling heart in pneumonia—whip the cause of its struggles. Fever powders are death's messengers.—Cooper.

The microbe of laziness is very industrious. Medicate cautiously; don't throw a boulder at a gnat.—Cooper.

later they may be so thin and watery as to pass through the napkin, leaving only a slight stain.

At first the stools have a very strong offensive odor, but later they may become almost odorless. The number of stools may vary from six to fifty or sixty per day and they are usually evacuated with considerable force. The stomach may become irritable, the patient vomiting everything taken. The appetite is lost and thirst is intense on account of the loss of fluids from the body.

The tongue at first is moist but soon becomes dry and pasty. The abdomen may become greatly distended with gas or may be collapsed. The temperature is high, 104° to 108° F. Pulse small and frequent, 130 to 180 beats per minute. The breathing is shallow, irregular, the eyes anxious and staring at first but as case progresses they become dull. The urine is greatly diminished in quantity.

The face becomes pale and pinched, eyes and cheeks sunken and eyelids and mouth partially closed, muscles flabby. The whole intestinal tube shows an early stage of inflammation. The sympathetic nerves supplying the small arterioles in the intestinal walls seem to become paralyzed by the toxins developed, causing a dilation of the vessels and transudation of serum into the intestines and alteration of pulse.

Treatment.—In the treatment of the attack it is absolutely necessary that the hygienic surroundings of the patient be carefully studied. The child should be in a large, airy, well-ventilated room, napkins and other clothing removed as soon as soiled, the child bathed and kept clean, the nursing bottles and napkins kept clean; if possible get the child out in and keep it in the open air.

I would stop all food if there is irritability of the stomach. Thirst may be allayed by toast water, rice water, albumen water, each with a little brandy.

If thirst is intense and there has been a great loss of fluids from the tissues, injection of normal salt solution into the cellular tissues, in quantities of eight ounces (250 Cc) to one pint (500 Cc) at a time.

The intestinal tract should be thoroughly cleansed by a saline enema and then inject four ounces (120 Cc) normal salt solution per rectum and allow to remain. Temperature should be reduced by sponging with water and alcohol (three to one), fanning the patient dry.

An ice-bag or large cloth wrung out of cool water and alcohol should be applied to the head.

The remedies most commonly indicated are, for the irritable condition of the stomach where the tongue is elongated and pointed, edges red, specific amygdalus, min. 2 to 5; specific ipecac, min. 1-8 every hour.

The spasmodic, colicky, griping pain in stomach and intestines is controlled nicely by specific dioscorea, min. 2 every hour.

The acid condition present in stomach and bowels is easily controlled by syrup of rhubarb and potassium compound in doses of ten minims every hour.

Bismuth subnitrate, gr. 1 to 3 at a dose, can be given very nicely with the specific amygdalus or specific ipecac and the neutralizing cordial.

There are many other remedies which at times are indicated and a close study of the case will point to their use.

When the professional abortionist dies he will have to climb *up* to get into hell.—W. C. Cooper, *"Preventive Medicine."*

Surgical gynecology will stand much neglect. Nature's cruelty is nature's necessity. Eliminate all the "ifs" you can.—Cooper.

Early in the treatment of these cases I begin the use of brandy in the water as a stimulant and continue its use throughout the course of the disease.

Chicago, Illinois.

DISCUSSION.

Dr Tallerday. During my practice in the country for the last twenty-four years I have noticed that cholera infantum occurs when the farmers begin to feed fresh corn. I have traced it up and have traced every case, where the child uses milk, to the milk of the cow that is being fed fresh corn. Stop that and it is nearly all the treatment the child requires.

Dr. Thornton. It seems to me this is too important a question to let pass without more attention. I first wash out the bowels with a solution of normal salt, and keep them clean. During the summer time when I have these cases I carry a catheter with me, first wash out the bowel myself, then teach the mother how. For diet I use meat juice from a round steak. In order to get this juice I put the meat through a utensil called a meat juicer. A pound of steak will make six ounces of juice. I dilute the juice with sterile water and season with salt. If the child is unable to take this and retain it, I have them use it per enema.

Dr. Abbott. As our babies should have the best of care I think this question, now before the Society should have our most careful attention. We have this physical disequilibrium which we choose to call cholera infantum. If I was going to hit a man I would try to hit him first and hit him hard, so with a disease I would hit it hard and hit it quick. Treat the disease according to the indications. First remove from the alimentary canal the toxins; next, as the vasomotor system is in a state of paresis, with a paresis of the internal and a spasm of the external capillaries, most cases are found pallid and in collapse—then remember belladonna and its preparations. This will dilate the external capillaries and we have taken a long step towards a cure.

Dr. Dunn. The best treatment is to imitate nature. We often do too much, for the tendency is to recover. At the very onset of this disease we note vomiting and diarrhea, and sometimes both. Nature is bent upon getting rid of these disturbing toxins. I live in the country where we give castor oil. It does no harm and certainly does clean out the alimentary canal. Then we have removed the very thing that caused the trouble. The trouble was undigested food. I would use belladonna as I believe I know what belladonna does. I don't use much medicine but I do withhold the food. I would not give much of the arterial sedatives, but I would use subnitrate of bismuth. I would not use the more powerful astringents.

Dr. H. K. Whitford. I have treated cholera infantum for fifty years. It is a disease very similiar to Asiatic cholera. The first patient I ever had in Chicago was suffering from Asiatic cholera. I cured my patient. In cholera infantum as well as in Asiatic cholera there is no rise of temperature, in other words there is no fever; instead there is a state of collapse and I use stimulants. Belladonna is a grand remedy in this condition and I always use it combined with camphor. There is no doubt but what camphor is one of the most valuable remedies in the treatment of this disease.

Mind is the master weaver; of the inner garment of character and the outer garment of circumstance.—James Allen.

The heart of humanity is hungry. Its needs are many because of the dimness of vision that produces false conceptions of Truth.

After the patient has rallied from the state of collapse I then use neutralizing cordial in small doses, frequently repeated, until the patient has recovered. I have treated a great many cases, both of cholera infantum and Asiatic cholera and have saved a great many lives.

Dr. Pollock. This brings to my mind a case recently treated by myself. The patient had been sick for several days and had been treated with small doses of calomel. The patient continued vomiting and the diarrhea was not controlled; but under the treatment recommended in this paper made a rapid recovery, and, I, like Prof. Whitford, do not believe in the use of calomel in these cases.

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Right here the editor of Clinical Medicine can not resist the temptation to "butt in" to the discussion of this interesting subject. For many years we have had "notions" concerning the treatment of cholera infantum, which are well known to the "family."

While in the main commending the treatment of the essayist and endorsing the remarks of those taking part in the discussion, we feel that it stopped too soon. These little patients are suffering from acute poisoning with a toxin generated in decomposing food, usually milk. The first thing to do, therefore, is to get the poison out. We wash out the lower bowel with normal salt solution, allowing a portion to remain and be absorbed if possible, to make good the loss of body fluids. If vomiting is excessive so that nothing is retained on the stomach we also wash out that organ, using a soft rubber catheter for a stomach tube. This is rarely necessary, however, if treatment is commenced early. Usually a few repeated very small doses of calomel stop the vomiting or partially control it; then we flush the whole canal with our saline lemonade, which is readily taken and retained where castor oil would be rejected. While we are doing this we are not neglectful of the vasomotor condition, the coldness and pallor of the skin, which shows the overpowering shock inflicted by the poison. Atropine, or hyoscyamine, is the indicated remedy and should be given to effect —increased color and warmth of the extremities. In many cases the addition of a little brucine will commend itself to the physician. Great depression calls for this. Now—with a sedated stomach, and the contracted skin vessels beginning to yield to our dilators we add the sulphocarbolates to combat, right on the spot, the bacteria and the poisons they are generating, and in the majority of cases a cure may be expected. Try this and tell us your experience.—Ed.

CRETINISM; INFANTILE MYXEDEMA, JUVENILE MYXEDEMA, CRETINOID IDIOCY.

BY FRED FLETCHER, M. D.

DEFINITION: Cretinism is a constitutional malady, characterized clinically by a peculiar type of mental and physical degeneracy and a myxedematous infiltration of the subcutaneous structures. Anatomically the most constant lesion is an involvement of the thyroid. The gland may be congenitally absent, atrophied, or its function so perverted that there follows a trend

A man is literally what he thinks, his character being the complete sum of all his thoughts.—James Allen.

Every act of a man springs from the hidden seeds of thought, and could not have appeared without them.—James Allen.

of symptoms suggestive of a remarkable impairment of nutrition.

Historical.—Cretinism was recognized as a distinct entity toward the close of the fifteenth century. We find mention of the disease in the writings of Peter van Foreest (1522-1597), Felix Plater (1536-1614) and Giosia Scintero (1574). The famous Alpine traveler, de Saussure, described graphically the symptomatology of cretinism, and in Balzac's "Country Doctor" can be found an interesting picture of the cretin communities of France. Ackermann was first to give the subject scientific consideration, and compiled a work in the year 1790. The nineteenth century gave birth to a prodigious contribution of literature concerning cretinism, and expermential medicine of the succeeding century so revolutionized the views relative to the pathology and treatment of the malady, that thyroid feeding was introduced, and cures effected which mark the "unparalleled achievement" of modern medicine. Osler says: "Our art has made no more brilliant advances than in the cure of disorders due to disturbed function of the thyroid gland. That we can today rescue children otherwise doomed to helpless idiocy—that we can restore to life that hopeless victim of myxedema—is a triumph of experimental medicine for which we are indebted very largely to Victor Horsley and his pupil Murry."

Varieties and Distribution. — Two forms of cretinism are recognized, the sporadic and endemic. The disease may occur in any part of the world, but there are certain limited districts in which endemic cretinism seems prone to affect a relatively large number of the inhabitants. As a rule, the epidemicity of cretinism bears a distinct ratio to the prevalence of goiter. The disease occurs endemically in certain parts of Switzerland, England, Germany, Scotland, Italy and Spain. There are no foci of epidemicity in North America at the present time (Osler, 1893). This statement obtains for the present. Goiter is prevalent in Pennsylvania, the Allegheny Valley, New York State, and in the mining districts of Ohio, yet cretinism is comparatively rare.

Etiology and Pathogensis.—The terms "cretinism" and "myxedema" are notoriously confusing to the student. Viewed from an etiologic standpoint, there is simply a distinction without a difference. The two affections are identical in that their basis is a morbid condition of the thyroid gland. Symptomatically, they are much in common, and the difference which they present is due to the time the cretinoid or myxedematous symptoms present themselves. Obviously childhood, a time when the growing system is more impressionable to the deprivation of the thyroid secretions, will show a more marked symptom-complex than that presented by the development of the disease subsequent to a time when the body has reached maturity.

Endemic cretinism is invariably associated with goiter, because of the athyroidism. In sporadic cretinism the thyroid gland is usually absent, or so atrophied that it is functionless. Cretinism follows the total extirpation of the thyroid, when for any physical abnormality such a procedure becomes requisite. Again, it may occur secondary to the sporadic fevers, or may develop seemingly *de novo*, suddenly and with pyrexia, at the end of the fourth or fifth

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Act is the blossom of thoughts; joy and suffering its fruits; thus man garners sweet and bitter fruitage of his husbandry.—Allen.

If a man's mind hath evil thoughts, pain comes on him as comes the wheel the ox behind.

year. A transitory functional disturbance of the thyroid may occasion cretinoid characteristics which will persist until the gland becomes active. Therapeutic results offer the strongest confirmation that the symptom-complex of cretinism is consequent upon a condition of athyroidism.

Certain predisposing factors influence the prevalence of goiter. It particularly

Fig. 1. Cretin (female) before treatment; aged eight years and nine months.

afflicts localities whose soils are rich in lime and magnesia. Poverty, consanguinity, fright during pregnancy, conception during alcoholic intoxication and heredity, especially when the parents are goitrous, are important etiologic elements. Cretinism may be congenital, or occur from the fifth month to the second year after birth. The disease never develops in a child that remains healthy until the sixth or seventh year. Sporadic cretinism is rarely ever recognized until the sixth or seventh month. Usually at the end of one year the cretinoid characteristics become well markked. Sporadic cretinism occurs more frequently in females than males; the reverse being true in the endemic type.

Symptomatology.—Reisman says that there is nothing more characteristic than the physiognomy of a typical cretin, and pictures graphically the type Mafferi calls *Pflanzenmenschen* (plant-men). "The typical cretin is short of stature—a stunted, dwarfish being, with a large head, resting almost upon the shoulders or sinking forward upon the chest. As a rule, the hair is short, coarse, and abundant, though sometimes long and silken, and grows well down over the forehead. The skin is thick, pale, dry, rough, at times scaly, and has a tendency to form thick folds or wattles. The face is stupid, expressionless and repulsive. The eyes gaze vacantly, seldom fixing objects. The nose is short and thick, with a deep-lying root and flaring nostrils.

"The mouth is large; the lips are thick and fleshy, and constantly open, permitting the swollen tongue to protrude and the saliva to drool. The teeth are few in number, large, wide apart, and badly formed. The ears are pale, fleshy, often deformed and usually stand out. Sometimes they are small and grown flat to the head. A short, thick neck, at times deformed by the presence of a goiter, joins the head to the thorax. The latter is disproportionately short, flattened irregularly at the level of the

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If one endure in purity of thought, joy follows him as his own shadow—sure. Thought in the mind hath made us.

A noble character is not a thing of favor or chance but the natural result of continued effort in right thinking.—Allen.

lower end of the sternum, and often scoliotic and kyphotic; it is usually smaller in circumference than is normal.

"The breasts in female cretins are either not developed at all or are very large and pendulous. The abdomen is protuberant and inclined to hang downward; often a hernia, either inguinal or umbilical, is present. Lordosis is common. In both sexes the genitalia are usually small and infantile, with absence of hair in the pubic region, but in rare cases the genitalia are excessively developed. The extremities are short, fleshy, and grooved by deep furrows; the feet and hands are large; the nails roughened. Often there is a tendency to bow-legs or knock-knees. Many cretins cannot walk; some cannot even stand unless supported.

"Intellectually, the cretin, as a rule, presents a degree of degeneracy that is on a par with that of its body. His wants are confined to the most rudimentary desires, such as thirst and hunger; and to these, even, he gives expression in ways that are intelligible only to those who are constantly about him. Speech he usually has not, and is able to only make monotonous, inarticulate noises, and does not employ gestures. If he speaks at all, his voice is shrill and unpleasant. He remains in all respects a helpless child, and often wears, even at two score years or more, the garb of childhood."

Add, if you will, to the somatic features he presented, this clinical symptomatology: "A mottled skin, subnormal temperature pronounced muscular weakness, non-palpable thyroid, delayed dentition, supra-clavicular lipomata; a slow, feeble pulse, voracious appetite, obstinate constipation—a lymphangiomatous condition of the tongue (macroglossia), the myxedematous or gelatinous infiltration of the subcutaneous structures—and you will in no wise overdraw the picture presented even in the advanced forms of sporadic cretinism." (The myxedematous condition of the skin, "cachexia pachydermica," is due to an excess of mucin.)

There are gradations in the symptom-complex of sporadic cretinism, varying from the cretinoid features of the mild forms, to that of the fully developed type. Cretinism is always worse in non-goitrous persons than in those having goiters. The disease reaches its height at the fifteenth year, and remains stationary after the twentieth. A child born with congenital cretinism rarely lives for any great length of time, and those in which the malady shows itself several months after birth are prone to succumb to intercurrent infections.

Differential Diagnosis.—Sporadic cretinism very infrequently offers any difficulties in diagnosing. However, the border-line cases—ones which seem to bridge the chasm between idiocy and cretinism, and between dwarfism and cretinism—may occasionally present elements of obscurity which can only be determined by a therapeutic test. As a rule, cretinism can readily be distinguished from dwarfism, infantilism, Mongolian idiocy, and *chondrodystrophia fetalis.*

Treatment.—In sporadic cretinism the internal administration of the desiccated thyroid from the sheep will serve the "something" upon which the physical and intellectual development is dependent, and will yield a brilliant result, pro-

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Asthma is never absent from the asthmatic; it may not be manifested often, but it's there like uncured syphilis.—J. N. Swartz.

Asthma: Calcidin, for months; you wouldn't expect mercury to cure syphilis by giving it for only a few days.—J. N. Swartz.

portionately to the early recognition of the malady, the efficiency of and intelligence exhibited in the administration of the drug. The tablet form of administration is preferable, since the quantitative and qualitative composition is approximately uniform. Two grains of the desiccated thyroid are equivalent to five grains of the fresh gland. The average dose of the desiccated powder is from one to five grains, varying with the age of the patient and the condition for which it is used. The incipient doses must of necessity be small, say one-fourth of a grain, once daily, for a child under two years of age. A fractional increase in dosage can be made according to the tolerance of the medicament, and, ere the second week, the tonic dose can usually be decided upon.

In the giving of thyroid extract it becomes of prime importance to guard against untoward effects of the drug. Toxic results are not uncommon, especially in children during the summer months, and mean, coincidentally with their development, a withdrawal of the medicament. The syndrome encountered is one, usually, of sudden onset, and marked by prostration, restlessness, delirium, severe gastrointestinal disturbance, pyrexia and rapid heart action.

The first and most obvious mark of improvement in the treatment of cretinism is a loss of weight. Osler reports a case in which the patient (a cretin) lost thirty pounds during the first six weeks of treatment. This is due to the increased metabolism of the fatty and proteid parts of the body. The diet therefore becomes an important factor in thyroid substitution. Meats should be interdicted, and the patient given a strictly vegetable regime. This in connection with rest in bed, a general improvement in the hygienic surroundings, will greatly enhance the efficiency of treatment.

Under treatment a wonderful change comes over the cretin: there is a growth in height and a diminution in the general bulk of the body; the myxedematous infiltration, swelling of the tongue, and fatty tumors disappear. The skin becomes moist, the physiognomy changes, the teeth appear, mental stupor lessens, the pulse quickens, the temperature reaches the normal, and the bowels which were obstinately constipated, now move with a surprising degree of regularity. Osler says: "The results, as a rule, are astounding—unparalleled by anything in the whole range of curative measures. Within six weeks a poor, toad-like caricature of humanity may be restored to mental and bodily health."

The secret of success in thyroid substitution is that of a gradual individualization of the patient. Every case of cretinism is a law unto itself, one patient tolerating an enormous dosage, while the other reacts to a minimum amount of the gland. I have never treated a case of cretinism under the age of five years where it was possible to give more than six grains of the desiccated powder *per diem*, without occasioning symptoms of thyroid intoxication. It is advisable to begin with the minimum amount dose and increase gradually until the patient becomes individualized. The best criterion to an increase in dosage is the reaction of the patient, or, in other words, the way in which he tolerates the medicament. The beneficial effects of the thyroid substitution will be lost unless

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Asthma: Strychnine arsenate: virtually "throw it into them," especially in the elderly. —J. N. Swartz.

Asthma: Relaxants, antispasmodics, etc., relieve the paroxysms but do not cure; calcidin and strychnine arsenate, long continued.

the drug is continued through the patient's life. It is possible, sub-

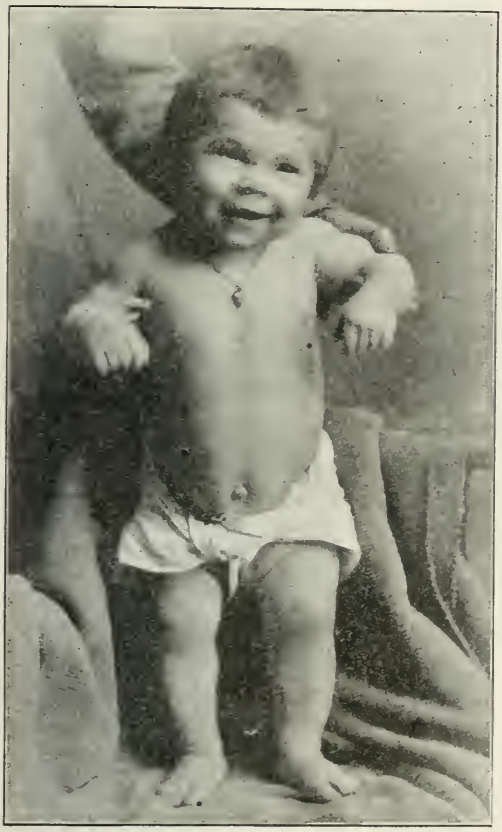

Fig. 2. (a) Before treatment; age, four years; weight, twenty-two and one-half pounds.

sequent to a time when a cure seems apparent, to institute a more systematic routine for the giving of the gland, and instead of its daily administration, the "tonic dose" can be decided upon, and ingested at intervals of from seven to thirty days. I have under observation at the present time, a bright, and apparently normal child, who, instead of taking the extract daily, as she did for a long period of time, now receives a five-grain tablet once each week.

The accompanying photographs show two of the nine cases of cretinism the writer has encountered until two years ago. Photograph No. 2 (a) flatters and in no wise portrays what was otherwise a typical case of sporadic cretinism. Photograph No. 3 (b) shows the same patient, and the result after three months of thyroid treatment. This case was reported in the Columbus *Medical Journal* (1903). Photograph No. 1 illustrates very beautifully an unrecognized case of sporadic cretinism in a female aged eight years and nine months. This patient has made, even after a long void of neglect, a wonderful improvement under persistent treatment.

Fig. 3 (b) Same child after three months' treatment.

For the literature on the subject of cretinism, I am indebted to the excellent

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Asthma: Search out reflex causes; and do not forget the nose and nasopharynx in your search.—J. N. Swartz, Detroit.

Proprietary medicine is not an unmixed blessing; its greatest fault is its extreme convenience.—W. C. Cooper.

and exhaustive article of Dr. David Reisman, in "Wood's Reference Handbook" (edition 1902, Vol. 4). Much of the present article has been copied verbatim, while other parts are abstracted in a way that detracts from the beauty of the original.

Columbus, Ohio.

THE PHYSICIAN AND THE DENTIST.

BY J. A. MC PHAIL, M. D.

HAVE the physician and the dentist, a common ground on which to meet? I would answer, yes, they meet on the common ground of Prophylaxis. To-day the physician is more important from the fact that he is able to prevent, than from the fact that he is able to cure disease. The dentist of tomorrow will be important in proportion to the amount of caries of the teeth he can prevent, rather than from the fact that he is able, in a degree, to repair the ravages made by decay. In short "an ounce of prevention is worth a pound of cure."

The physician and the dentist should reason together on many diseases of the mouth and teeth and also on many constitutional disturbances. Many disorders of the mouth and teeth are the predisposing factors in morbid bodily derangements. On the other hand constitutional wrongs may cause pathological conditions of the mouth and teeth. Therefore therapeutics of the mouth and teeth is a complex study. It may be considered from several standpoints, viz., local and systemic, medicinal and mechanical. A given ailment may be relieved by a single method or a combination of all. Granting that a constitutional disorder may cause a pathological condition of a special part and (vice versa) that a derangement of a special part may cause some morbid constitutional disorder, we can realize more fully the relation of the physician to the dentist.

Pyorrhea Alveolaris is a disease said to be caused by uric-acid diathesis. It is to the dentist what tuberculosis is to the physician. That is, once it is firmly established it is impossible to bring back the diseased tissues to their normal condition. Students of medicine and dentistry are familiar with the admonition, "first seek the cause of the disorder." There is some cause for every pathological condition. How can the dentist treat pyorrhea successfully without first removing the cause? How can he remove the cause? In the case of pyorrhea as in the case or many other diseased conditions of the mouth and teeth, the dentist needs the assistance of the physician to correct the dyscrasia caused by the uric acid, for these diseases are co-related. The predisposing factor in this case is a constitutional disturbance. Considering this relationship from another standpoint, we find many pathological conditions of the mouth and teeth causing constitutional wrongs such as, indigestion and dyspepsia, and these in turn are followed by malnutrition and faulty metabolism. So that some local condition may lead to the impairment of the general health.

The tendency of the proprietary medicine fascination is to create mere formula doctors; who don't think—mere machines.—Cooper.

Formula doctors are wholly innocent of etiologic travail, pathologic discrimination, individual drug action.—W. C. Cooper.

The average physician would not require many pages to tell what he knows about diseased gums, caries of the teeth and many of the more common diseases of the mouth and teeth. On these subjects he could not make a decent batting average before a minor league board of dental examiners. I know physicians who treat patients month after month for stomach troubles, without ever attempting to remove the cause, which in many instances is the teeth. The bite or force used in masticating food is (according to Dr. Black) from 40 to 200 pounds. The patient with a weak bite often has stomach troubles as he does not masticate his food properly. He may be afraid to bite on account of some tooth which causes excruciating pain under pressure. Again it may be impossible for him to masticate food owing to the loss of several teeth. If the teeth are in bad condition send him to the dentist. Teach him to use his teeth as nature intended he should do. Regulate his diet. Give what medicine you consider best to assist his stomach.

It is not an uncommon thing for physicians to treat patients for earache when the trouble originates in the teeth. The third molars or wisdom teeth are the chief offenders in this respect; when diseased they often cause earache and neuralgic pains of the face. The pain is usually severest anterior to the concha where the fifth nerve branches off from Meckel's ganglion. Every physician having a general practice should possess a mouth mirror and a cavity explorer, so that when he meets a case of neuralgia or earache that does not respond to treatment, he may examine the teeth.

A physician near here treated a patient for three weeks for earache and neuralgia but failed to relieve her, except by the use of sedatives. Finally she complained that a lower wisdom tooth felt longer than the rest of her teeth. Her physician came to the conclusion that probably that tooth was the cause of her suffering. I was called in to extract it. She was pillowed and propped up in a Morris chair. Constant pain soon wears down the strongest constitutions and this woman was certainly in a debilitated condition. She also had a heart affection which did not help matters. Her physician and several of the neighboring women were present. I never wish my competitors bad luck but I certainly did wish one of them had this case. I got out my "torture goods" and proceeded to remove that tooth in the latest and most scientific manner. I succeeded most beautifully—that is I broke the tooth the first attempt. After assuring her that the breaking of the tooth would give her as much relief as if I had extracted it, I mustered up enough courage to take a look at the remains. To my surprise I discovered I could remove it quite easily. When I got that tooth out she heaved a sigh of relief, for the pain ceased almost instantly. In a week she could do her own work.

I wish to say a few words to physicians in villages and smaller places that are not large enough to support a dentist. In days that have been, physicians in these places did a great deal of extracting but as the car of progress hurries us along the track of civilization they do less and less. In this respect physicians have relieved much suffering and—often done a great deal of harm.

Each doctor is an unpaid agent for the manufacturers of the "hand-me-downs," and the manufacturers don't "kick."—Cooper.

The time is ripe for such general therapeutic reconstruction as will eliminate most of the grosser errors and abuses.—Cooper.

We will say a fond parent brings in his son of six or seven years to have you extract a tooth for his boy. He says: "Doctor, I want you to extract a tooth for this boy, he has been crying with the toothache for the last day or two." While you are looking to see that your forceps are in working order you are told that they tried every means to get that tooth to stop aching without success. You extract that tooth and remark that Stanley has some more teeth that need attention as they are badly decayed. His father takes a look at them and remarks: "These are only his colt's teeth, you had better take them out, and then he won't be bawling and crying every time he eats anything." You extract two or three more.

Now what have you done? Little things all unforseen often lead to momentous consequences. You have extracted several temporary teeth which should remain in the mouth until replaced by the permanent. Remember that permanent teeth sometimes fail to erupt when the deciduous or temporary teeth are extracted prematurely, and the arch does not expand as nature intended it should do, in order to accommodate the permanent teeth which are larger. The result is, the permanent teeth erupt irregularly, the articulation is faulty, so that he can only incise food, when he bites certain ways. This boy grows to manhood. His teeth are crooked and he dislikes and neglects them for that reason.

Dentists meet with these cases so frequently that they are not considered by any means uncommon. This boy comes to the time when he needs must earn his own living. He applies for a position. Probably he has a lower jaw that recedes or one that protrudes. The outline of his face is far from being perfect. He knows this and he feels it. The proprietor looks him over and says to himself: "You may be smart enough but you don't look it." The chances are that boy fails to secure a position.

Now were a girl to have the same unfortunate experience as this boy, think how much she would be handicapped when she grew to womanhood, for a "woman's face is her fortune." We all admire the physically perfect man. A man's face, his personality and general appearance have a great deal to do with his success in life. As physicians and dentists we should aim to have our patients as nearly perfect as possible.

The dentist is well aware of the fact that adenoid growths, enlarged tonsils and nasal obstructions concern him in no small degree. These are subjects with which not only the physician but also the dentist should become much more familiar. These abnormalities are so common and neglect of them paves the way for so many ills that mankind is heir to, that neglect of them, means neglect of duty. Space will not permit me to deal with these subjects in this article.

In conclusion, it seems to me that in order to convert the public to ways of dental rectitude, the dentist must begin by converting the physician. The public has been guided in matters of health, even the health of the teeth, by the physician, for he speaks as one having authority, and in the case of the teeth frequently with more authority than knowledge.

Blanchester, Ohio.

Under dietetic regulation and hygienic strictness without medicine, dysentery will run on indefinitely.—W. C. Cooper.

Phytolacca and aconite are absolutely specific in threatened mammary abscess; locally and internally.—W. C. Cooper.

DEPARTMENT OF
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THE BEST METHOD OF FIXATION OF WANDERING KIDNEY.

BY EMORY LANPHEAR, M. D., PH.D., LL.D.

Chief Surgeon Women's Hospital Association. Formerly Professor of Surgery in the St. Louis College of Physicians and Surgeons and Gynecologist to St. Joseph's Sanatorium.

NEARLY all doctors are now familiar with the facts, (1) that displacement of the kidney is a very common condition; (2) that tremendous nervous disturbance may depend upon the traction on nerves and vessels caused by the displacement; (3) that many symptoms apparently due to pelvic disease are really dependent upon the wandering kidney; and (4) that whenever the organ reaches the level of the umbilicus it should be restored to its normal position and maintained there—by surgical measures if mechanical means do not give relief. The best method of securing fixation of the kidney is therefore of general interest. I have tried all kinds of operative treatment as yet suggested, I believe; all have proven unsatisfactory except the following:

PREPARATION.

1. *General.*—Patient is well purged two days before operation; no breakfast. General bath and enema just before operation.

2. *Local.*—The morning before operation, back is thoroughly scrubbed from scapulae to coccyx, and sides almost to mid-line, soap-poultice applied until night; alcohol sponged over surface and bichloride pack (1 to 2000) applied for the night.

3. *Position.*—When patient is brought to operation table the left arm is put behind the body and chest thrown forward: "Sims' position" exaggerated; front supported by assistant holding right hip under moist sterile towels (this for right side work).

OPERATION.

When anesthesia is perfect, by a single stroke of knife, a cut three or four inches long is made from junction of last rib with vertebra, downward and outward, parallel to rib, through skin, fascia, some muscle and fat; then the edges of the wound are retracted and the deep wound enlarged until the bright white "kidney-fat" is exposed. Deep dissection may be made with fingers to avoid wounding the pleura. All bleeding must be checked before the kidney is delivered. As little muscular tissue as possible is cut, but an opening at least three inches long must be secured. Caution: The nerve should be pushed aside, not cut.

Next the kidney-fat is seized with heavy forceps and dragged into the wound; one or two fingers slipped into the cut below the kidney and with com-

bined traction by forceps and fingers (preferably covered by rubber gloves)

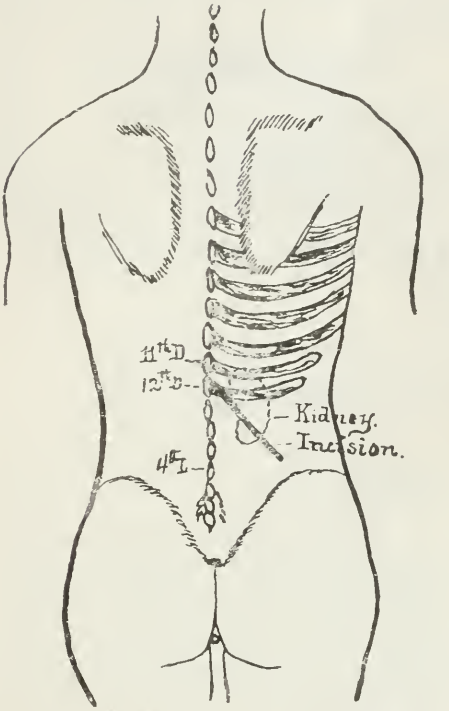

Fig. 1. The incision is made from the posterior end of the twelfth rib downward and forward four inches.

the kidney is carefully delivered through the opening. Caution: The kidney must not be turned bottom end up in withdrawal.

Much of the fatty capsule now must be cut away with scissors; otherwise it will interfere with permanent fixation by slipping in between muscle and kidney.

Before the kidney is brought out the appendix may be removed through a cut in the posterior parietal peritoneum—a desirable operation in many cases since chronic appendicitis is so often an accompaniment of loosened kidney.

If it is done, it is best to carefully close the hole in the peritoneum before delivering the kidney. Caution: The peritoneum must be opened at the extreme outer end of incision or there will be great danger of cutting into the colon.

When the kidney is brought out it is to be surrounded by gauze pads. Then the fibrous capsule is split from one pole to the other, with knife or scissors, care being taken not to cut kidney-substance, and two transverse cuts made, making four triangular flaps. In these, ten-day chromic catgut sutures, No. 2, are introduced by large curved needles; each should be caught, still threaded, in hemostats.

All oozing from the kidney-surface being checked by pressure, the kidney must be gently replaced and pushed as nearly to its normal position as possible. The upper ligature nearest the spine is now liberated, the needle caught in the hemostat and inserted into muscular tissue as high in the cut as possible, care being taken to introduce it in such a way that

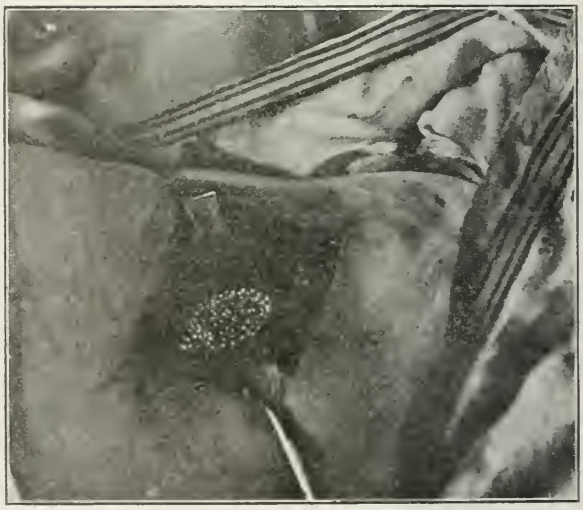

Fig. 2. As the deep lumbar fascia is cut, the bright white kidney-fat (fatty capsule) bulges into the opening.

One of the most agreeable counterirritants is chloroform poured on a piece of lint and covered with oiled silk.—Brunton.

Pustulation of the chest in chronic bronchitis is sometimes very efficacious indeed; emplastrum calefaciens (B. P.)—Brunton.

Fig. 3. The chronically-inflamed appendix may easily be delivered through this posterior opening, ligated and removed.

when tied it will bring cut muscle into direct contact with kidney-tissue. Then the upper and outer suture is placed through the muscular tissue or periosteum covering the twelfth rib; and finally the two lower ones are inserted. The space beneath the kidney and all the tissues must be carefully cleansed of all liquid and clotted blood; a piece of gauze and clamp pushed into the space below kidney and by it the kidney thrown as far upward as it will go; then the sutures must be tied. Caution: The upper ligatures are most important; if they break away and the lower ones hold, the kidney may turn topside down after operation.

When the kidney is satisfactorily fixed the posterior parietal peritoneum should be caught with forceps and brought up into wound and sutured to the tissues now below the kidney, an assistant obliterating the space formerly occupied by the kidney, by pressing on the anterior abdominal wall; otherwise a large space will be left which will fill with blood and probably pus later. Caution: In suturing these tissues great care must be taken not to thrust needle into the colon, which is very close.*

Fig. 4. The kidney is lifted out upon the back of the patient, surrounded with gauze, its fibrous capsule dissected off to form four triangular flaps and catgut sutures introduced to bring kidney tissue against muscle.

*My only fatal case in some hundreds of nephropexies was one in which I opened the colon in my work; death from septic peritonitis.

The general verdict of patients suffering with chronic bronchitis is in favor of cod-liver oil rather than cough mixtures.—Brunton.

Spasmodic and hay asthma, hay fever, eczema and urticaria may be and often are manifestations of the gouty diathesis.—Brunton.

All oozing being arrested the muscular tissues are brought together by two cles, and kidney-substance and tied over a piece of gauze on the wound—to be removed at first dressing on tenth day. Caution: This suture must not be put so deeply that it will penetrate the pelvis of the kidney—otherwise urinary fistula or sepsis may follow.

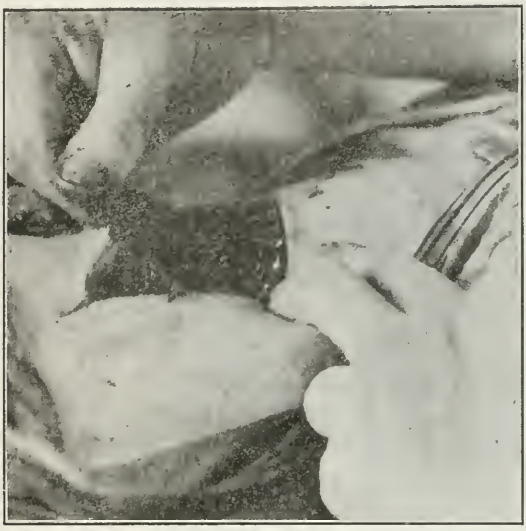

Fig. 5. After the kidney is sutured into place the loose parietal peritoneum is pulled strongly up into the wound and stitched to help support the kidney.

This fixation-suture may also be used when the kidney is abnormally heavy; but should never be inserted when avoidable on account of the added danger of infection.

After-treatment. — The bichloride gauze dressing is not touched for ten days. Then the sutures are removed and a plain gauze pad applied.

The patient must be kept on her back for five or six days. Three weeks in bed are absolutely necessary to insure perfect healing.

St. Louis, Missouri.

or three plain catgut sutures, No. 1, and the skin closed with silkworm-gut or silver wire; without drainage, preferably, though if there be uncontrollable oozing a few strands of catgut (plain, sterile) may be inserted at the lower angle of the wound.

Rarely the fibrous capsule of the kidney is so fragile that it tears when the sutures are introduced, or at least gives a feeling that they may not hold; in which cases a large silkworm-gut suture may be passed through skin, mus-

Fig. 6. Sometimes a silkworm-gut suture is passed through the kidney and held with forceps until the rest of the wound is closed and then tied over a roll of gauze.

Arsenic is a favorite in gout and in asthma; alkalies and iodide are extensively used to lessen spasm in both. Brunton.

A little potas. chlorate added to the niter paper seems to render the smoke more efficacious for asthma.—Brunton.

SOME PRACTICAL POINTS ON THE DIAGNOSIS OF RECTAL DISEASES.

BY R. D. MASON, M. D.

Professor of Rectal and Pelvic Surgery in the Creighton Medical College; Surgeon to St. Joseph's Hospital.

AS to the best way to make an examination, I believe it is always wise to let the patients tell their own histories uninterruptedly. They usually think they have piles, and often tell much that is unnecessary, but this serves to wear off the embarrassment, and a few well-directed questions in conclusion will clear up the diagnosis so far as it can be done in this way. It seems hardly necessary to say that no case, no matter how trivial it may seem, should be treated without a careful examination. Some most amusing and serious blunders have come under my notice from neglecting this.

Lady patients should, if possible, be accompanied by their husbands, if married, otherwise by some female friend who can assist them in arranging their clothing, getting on the table, etc. After this has been done, and the patient is lying on her left side covered by a sheet, the doctor can make his examination without embarrassment to either party. He may be able to make a diagnosis at a glance or only after considerable trouble.

It is well to state in this place what may be seen and felt with the unaided eye and finger. There can easily be seen, external hemorrhoids, the external opening of a fistula, the thickened or parchment-like or eczematous skin of pruritus (the moist appearance indicating a catarrhal condition of the bowel farther up), fissures, partly prolapsed hemorrhoids, venereal disease, abscess, and after a little experience, the bulging or unusually prominent appearance of the parts due to internal hemorrhoids may be recognized. There may be felt on the outside the old tracks of fistulæ, and by gently pulling the anal opening apart with the thumb and finger, fissures and irritable ulcers may be recognized that are too high up to come into view without doing this. Occasionally the lower part of polypoid growths or pinworms may be seen.

By introducing the oiled finger into the bowel there may be felt, first the condition of the external sphincter muscle. It will be found to vary greatly in different persons. In the aged, infirm and debilitated, it will in most cases be found weak and relaxed, as it is also in many persons who have been troubled for a long time with large internal hemorrhoids, due to their constant protrusion and return, which gradually weakens the muscle and causes it to lose, to a large extent, its strength and firmness. In the young and vigorous the muscle will be found firm and resisting, contracting tightly on the intruding finger. Sudden force should not be used, but gentleness will overcome the resistance. Pain is usually not complained of in the healthy muscle, but if a fissure or irritable ulcer be present it will be very severe.

Further on may be felt the internal opening of a fistula, the depressed rough edge of ulcers, polypi and strictures if not too high, hemorrhoids if well devel-

Dreams are broken shadows on the mind. Color-blindness is a prime element of genuine philanthropy.—W. C. Cooper.

Grip always jumps spraddled. In testing antitoxin don't confuse diphtheria with diphtheory.—W. C. Cooper.

oped, although it requires considerable experience to distinguish these with the finger, and in most cases it cannot be done, even by the most expert examiner. By pressing the finger as far as possible all that portion of the bowel likely to be diseased may be felt, and experience will soon teach one to distinguish the prostate, neck of the bladder, coccyx, uterus, etc. Some experience is required to make out all of these, but by frequent examinations one soon becomes quite expert. In examining women the finger may be introduced into the vagina, and in some cases the whole anterior wall of the rectum turned out. In this way internal hemorrhoids, and any other abnormal condition, in most cases, may be recognized.

Another point that should not be overlooked is, that there may be a complication of diseases. It would certainly be very unwise to treat a patient for external piles and overlook a stricture. It is not uncommon to have patients come for treatment for some disease that is wholly dependent upon some other trouble which to them is unimportant, such as a pruritus ani due to a vaginal discharge, or a prolapse caused by internal piles which force the mucous membrane down but do not themselves protrude. I have known a patient to be treated in a hospital for three weeks for this disease while the hemorrhoids which produced it were undiscovered.

While much may be learned from the description of the symptoms as given by the patient, it is only preliminary to the examination that is to follow. It is far too often the case that the family physician makes no effort to learn the exact condition, other than as given by the patient, and as a result the treatment is carried out along wrong lines. It is not uncommon for patients to go to specialists for treatment, thinking they have hemorrhoids, when they are really suffering from an advanced stage of cancer, this too, after having received much treatment from their home doctor.

I will take up the matter of diagnosis as relating to each symptom complained of, an another article, which will appear in the near future.

Omaha, Nebraska.

AN OVARIAN TUMOR WHICH IN ITS LIFE HISTORY AGGREGATED A WEIGHT OF SIXTEEN THOUSAND POUNDS —OPERATION AND RECOVERY.

BY T. A. ASHBY, M. D.
Professor of Diseases of Women in the University of Maryland.

THE patient, whose remarkable record is here given, was tapped 269 times, and 2,112 gallons (sixteen thousand pints) of fluid withdrawn, before she submitted to curative measures. The case is of interest because (1) she was so long allowed to remain the subject of a readily curable condition; (2) she patiently suffered so long from such a distressing affliction without consenting to operation; and (3) the comparative ease of cure by surgery.

Her history, as given by Dr. C. F. Miller, of northeast Maryland, is as follows: She first applied for treatment of an abdominal tumor to Dr. J. L. Atlee, of

Phthisis wears gum shoes. The true doctor shoots with a rifle—seldom with a shotgun.—Cooper, *"Preventive Medicine."*

If you don't capture the head of a tapeworm your labor is lost. The same is true of all disease.—W. C. Cooper.

Pennsylvania, in November, 1861. He removed thirty-two pints of fluid. Four gallons were removed in 1862. Each year thereafter until 1868 she was tapped and an average of thirty-two pints removed yearly. There was then no recurrence until 1868 when yearly tappings were again instituted and continued until 1885, same quantity each time. In 1880 Dr. Atlee urged ovariotomy, but after careful examination concluded it too dangerous and resumed simple evacuation. Beginning March, 1885, it became necessary to tap far more frequently (March, May, July, September and November); during 1886, nine times; in 1887, eleven; in 1888, thirteen; and from then until 1895 the fluid was drawn eighth-eight times; in 1895 eighteen tappings were made, and from that time until 1903 the fluid had to be removed every three or four weeks. But by this time her vitality had been so lowered by repeated paracentesis that ovariotomy was advised as the only means of saving life; and at last she consented.

November 11, 1903, I made an ovariotomy for large ovarian cystoma, the sac being dissected out as a whole by removal of a large section of the abdominal wall to which it was attached at the hundreds of points of entrance of trocars; this area being about four by six inches. The wall of the abdomen and of the sac at this place was two and a half inches thick. It was necessary to remove an elliptical section of the abdominal wall, eight by five inches, in order to remove the sac. As there was the greatest abundance of tissue from the overdistended wall of the abdomen, no difficulty was experienced in removing this large section. The pedicle attaching the tumor to the uterus was very small and the sac was easily detached after the abdominal wall was cut away. The tumor had been nourished through its attachment to the abdominal wall. There were no adhesions at any other point, and but for the repeated tappings, at no time during the forty-two years of invalidism would an ovariotomy have been attended with any difficulties.

In addition to the ovarian tumor, I found when the abdomen was opened that the patient had a general miliary tuberculosis of the peritoneum. All over the intestinal and parietal peritoneum there were deposits of small tubercles and a widespread infection. The ovarian sac was also covered, and it is my opinion that the infection took place through the repeated tappings. This condition of the peritoneum gave me grave apprehensions of subsequent trouble from the tubercular deposit. The patient bore the operation without shock and made a very rapid recovery. At no time did she show the least signs of trouble. She was able to return home within three weeks' time.

In October, 1904, Dr. Miller wrote me that his patient had developed a tumor in her left breast which he desired me to remove. The patient again returned to the University Hospital, and I removed the entire breast. Her general health had so improved since the ovariotomy of the previous year that I scarcely recognized her. She had gained over twenty pounds in flesh and was perfectly well, if the condition of her breast be excluded. She remarked to me that she had had one year of good health for the first time in forty-two years. The tubercu-

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A woman's stomach reaches from the top of her sternum down to her os pubis.—W. C. Cooper, in *"Preventive Medicine."*

I'd rather train a miss in the proper way to kiss, than barely miss a train after hurrying through the rain.—Cooper.

lar condition of the peritoneum had entirely disappeared. A cure had been effected through the abdominal section for removal of the ovarian sac. There is no way of determining how long the tubercular infection had existed and what part it played in the rapid accumulation of fluid in the cyst.

The tappings numbered 269. The first seventeen tappings were done by Dr. Atlee. It will be conceded by every gynecologist that the record here given is a remarkable one, but admitting that some errors have been made in the observation kept relative to amount of fluid removed, the number of tappings and the total amount of fluid exceeds by far that of any case I have been able to find recorded. The nearest approach to this case is that of a woman reported by Bland Sutton, who at the age of twenty-six years was tapped for the first time and during the next twenty-six years was tapped eighty times, and was relieved in the different tappings of 6,631 pints of fluid, or of more than thirteen hogsheads.

The points of greatest interest are found in the remarkable endurance of the patient under such conditions and the ease with which a cure was effected after forty-two years of invalidism. The case is without parallel.

Baltimore, Maryland.

THE TREATMENT OF ULCERS.

BY F. J. BAKER, M. D.
Surgeon to Walnut Hospital, Lockport, New York.

MY observation and reading satisfy me that the subject of "ulcers" is a sore one from two points of view, viz., that of the doctor and that of the patient as well; of the doctor because of the tedious and unsatisfactory treatment of the case and of the patient, not alone because of results, but also on account of the painful nature of the disease and the crippled condition which results therefrom. As a consequence the afflicted drifts from doctor to quack and from quack to doctor again until worn and discouraged she surrenders to the fate of suffering chronic invalidism.

It is my purpose to confine my remarks to consideration of ulcers of the extremities and particularly of the lower.

The word ulcer signifies sore or wound. Pages might be filled with the multitude of definitions which have been given of this affection—of all which I have seen I think I prefer that given in Quain, viz., "A solution of continuity on an epithelial or endothelial surface, secreting pus." Desiring to make my remarks as concise and practical as possible I shall pass the etiology and pathology of this affection with the remark that the breach of surface may arise from external causes, as a cut, laceration, bruise, burn or pressure; or, on the other hand, it may result from changes commencing within the tissues themselves. These might be acute inflammation giving rise to pus; chronic inflammation giving rise to thickening of the fibrous tissue with strangulation of the blood vessels passing through it to the surface; or defective nutrition of the skin and sub-

The legitimate healer is rarely well heeled. Beef tea is merely urine with a feather in its cap.—Cooper.

Better be rudely healthy than pale and interesting. The word clap-trap does not mean the same to all men.—Cooper.

cutaneous tissue as seen in senile subjects.

As to age and sex and the relative frequency of ulcer, my experience is slightly at variance with statistics; since I have seen more of this disease among females than males and have seen it occur oftener in women who have passed the menopause than at an earlier period of life. Contrary, too, to the opinion of some, I have found that occupation *is* a factor in its production, it being found more frequently among those who are compelled to be upon their feet for considerable periods. And since *infection* may be said to lie at the foundation of this ailment, it is more often seen among the lower classes and those of untidy habits. Interference with the circulation, already hinted at, as atheroma of an artery, vasomotor disturbances such as occur in frost-bite, chronic ergotism, etc., or varicose veins, play a part often in the affection. Nor must we forget to charge traumatism with being one of the most frequent of all the causes of ulcer—secondary though it may be.

"The pathology will vary somewhat with the conditions causing the ulcer, but in the non-specific forms we shall find the phenomena of congestion, exudation and necrotic inflammation, together with reparative inflammation or granulation making up the whole process." In the stage of development the degenerative process predominates, in the healing stage the reparative. During the process of granulation more of the round cells are produced than are necessary. These die and are thrown off in the discharge. Healthy granulations should be small, even and of a reddish-pink color. The scar left by the healing of an ulcer is always considerably smaller than the original lesion, due to contraction of cicatricial tissue and this contraction, especially when the ulcer has occurred on the face, may lead to considerable deformity.

Varieties.—We read of granulating or healing ulcers, irritating or painful ulcers, callous and phagedenic ulcers and varicose ulcers; as well as of those due to specific causes. The books also describe those bearing the names of the localities in which they occur, as Delhi, Annam and Veldt-sore, etc.

We will dismiss the healing and specific sores by saying that in the first-named, cleanliness, support and rest will result in a cure in most cases; while the specific varieties will require, in addition to local measures, such constitutional remedies as the disease indicates. For all practical purposes the remaining varieties may be divided into two classes—indolent and irritable.

Treatment.—In the treatment of ulcers, aside from specific causes, it will be found necessary, in a most inconsiderable number, to give attention to constitutional conditions. Many patients suffering from this cause will be found anemic and poorly nourished—constipation is a common condition with this class. One must therefore open the bowels with a saline preceded by a grain or more of calomel in divided doses; and maintain the bowels in soluble condition. Iron and arsenic combined with small doses of strychnine are indicated and will be found useful. Cod-liver oil, if the stomach will tolerate it—the clear preparation is best—cannot be given amiss; if begun in 10 or 15 drop doses, three times a day, when the meal is nearly over, and

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Toothache is only another phase of the thrill of a love kiss. If you cure a cancer it wasn't cancer.—Cooper.

Cardiac sedatives lessen the force and frequency of the heart's action. Belladonna for palpitation from heart strain.—Brunton.

gradually increased, a dessertspoonful or even tablespoonful may be reached in most cases without offending digestion. It goes without saying that milk, eggs, bread and butter, vegetables and meat (once daily) are indicated and necessary.

In the local treatment two conditions must not be lost sight of, viz., the local congestion and the infectious character of the discharges. Now what are the indications? Empty the superficial vessels and render the sore aseptic. How?

This, then, is my plan of treatment which now, in hundreds of cases, covering a period of more than twenty-five years, has not, in a single instance, failed to effect a cure. With the extremity elevated, the sore and its immediate locality are flushed for some minutes in a hot bichloride solution (1 to 1000) and then with hydrogen dioxide (1 to 4). This process is repeated and again repeated. Now thoroughly dry the limb with gentle rubbing toward the body, dry the surface of the sore, and dust thickly with aristol. Cover with plain, aseptic gauze and over this a thick pad of absorbent cotton, three or four inches longer, and two inches wider than the sore itself. Have a liberal supply of strips of adhesive plaster—zinc oxide is among the best, because of its non-irritating properties—five-eighths of an inch wide and long enough to three-fourths encircle the limb. Begin now two inches below the distal end of the ulcer and apply the adhesive strips around the limb, quite tightly, letting each successive strip overlap the preceding one by say one-third its width; continue the strips in this manner to two inches above the proximal end of the sore. Now apply a firm roller bandage, two to three inches wide, depending on the size of the limb, from the toes to the knee, if on the leg, and from the knee to the body, if on the thigh; lapping it well and having great care that it lays smoothly.

If there is much discharge, or the patient is obliged to be upon her feet very much, redress in forty-eight hours; otherwise the dressing may remain for three days.

Then soak off the dressing with warm, sterilized water and so avoid damage to the new granulations. If the ulcer is large, and the granulations are weak, feed them. For this purpose I know of nothing better than bovinine. The sore is cleaned and flushed as before described, and several thicknesses of plain, sterilized gauze are applied, completely saturated with the bovinine and over this the cotton, straps and bandage. You will be surprised to see how decolorized the gauze will be on removal, and how soon the pale, weak granulations will begin to take on color and grow. When nicely started it is time to leave off the bovinine. Since using the bovinine I have not found it necessary to employ skin-grafting.

I have in mind now one case of a boy whose leg was caught between two bodies, one fixed, the other moving, and all the soft parts together with the periosteum, over about one-half the entire length of the tibia, were rubbed off, leaving the bone polished like a piece of ivory. In six months the bone was covered and the boy was walking about. It is a mistaken notion that these cases recover wholly or in great part by the pushing out of the skin from the circumference. By the means mentioned I have seen the sores closed from many centers

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In palpitation from indigestion prussic acid is useful; in aortic disease senega has been recommended.—Brunton.

The efficacy of senega probably depends on lessened action of cardiac ganglia and muscle due to saponin.—Brunton.

just as you have noticed when skin-grafting has been employed.

If the granulations become too rank I cover them, for once or twice, with pulverized alum, and give especial attention that the straps applied shall be sufficiently snug.

It is but seldom that I have required my patients to stop work. For more than twenty years I have not scraped a sore or incised its margin. I am careful to emphasize the need of a support to the afflicted limb for at least six months after a cure. For general use I regard the elastic stocking as the best, and see to it that one is fitted and applied when the final dressing is removed with strict injunction to put it on before getting out of bed in the morning, nor take it off until in bed at night.

I need hardly add that, before the days of bichloride tablets, aristol, peroxide of hydrogen and bovinine, we employed, as best we could, means looking to the same ends, always having in mind the two cardinal points, surgical cleanliness and support. Attention to details as suggested by this hasty paper will, I am convinced, be rewarded by complete cure and insure the lifelong gratitude of your patient.

Lockport, New York.

ENDOMETRITIS.

BY CURRAN POPE, M. D.
Professor Physiological Therapeutics in Kentucky School of Medicine; Medical Superintendent of the Pope Sanatorium, Louisville, Ky.

IV.

PATHOLOGY.

THE mucous membrane of the uterus is similar to other mucous membranes; when it is inflamed an increase in the adenoid or glandular elements takes place together with an interstitial increase of fibrous tissue followed by more or less destruction of glands, so that after a short while it is a mixed condition of increase in both glandular and fibrous elements. It begins usually as a glandular proliferation, following a microbic infection, extending to the surface of the underlying parenchyma of the uterus, often involving it and resulting in the formation of embryonal cells. The epithelial surface of the endometrium is raised, and proliferation of the epithelial cells takes place with enlargement, twisting, and bending of the glandular tubes. Round-celled infiltration takes place, the interglandular tissue increases, especially in septic cases. The mouths of the glands are swollen, the membrane becomes granular, the walls of the uterus congested and the blood-vessels dilated.

The mucous membrane is hyperemic, dark red, softened, thickened and covered with thin grayish mucus. In chronic septic endometritis, round cells and leucocytes crowd the interglandular places, compressing the glands and after a time connective tissue forms, which increases the compression and obliterates some of the glands, obstructs the mouth of others, and causes small cysts. The epi-

The chief cardiac sedatives are aconite, veratrum viride and antimony; they relieve fever of limited inflammations.—Brunton.

Using divided doses the desired effect can be produced with greater certainty and less risk of overdose.—Brunton.

thelium in the atrophic glands and on the surfaces dies, and the mucous membrane sometimes becomes a thin layer of connective tissue. The mucous membrane may remain in this state for years, rarely, if ever, passing to abscess formation, for it is interesting to note the rarity of abscess in the uterus such as commonly takes place in other organs.

"The natural history of the affection, as manifested in the uterus, is therefore divisable into three stages, more or less distinctly separable by clinical evidence: The first stage is a simple endometritis with leucorrhea, but without interstitial hypertrophy; the second stage shows both leucorrhea and interstitial hypertrophy, the latter often presenting the physical characters of the engorgement of the older writers; while the final stage is one of hyperplasia alone, with notable morbid discharges, ending in sclerosis and final atrophy of muscular structures" (Massey).

The alkaline discharge due to an exaggeration of the secretory function, hanging from and slowly passing out of the cervix, causes an exfoliation of the squamous epithelium of the vaginal portion of the cervix with reproduction of cylindrical epithelium, thereby producing simple "erosion," ulceration or glandular degeneration of the cervix. After the menopause the cervix may become stenotic, the discharges are retained, the cavity distended, the walls attenuated, and the discharge purulent and offensive.

The menopause does not exercise a curative influence on endometritis. Menstruation may act as a torch each month by its congestion, lighting up afresh the inflammation. The uterus thus becomes the soil, the microbe the seed, constitution and diathesis the climate—all important in the study of this trouble.

EXAMINATION.

Upon examination the labia are often observed to be moist, inflamed, and irritated and the urethra also reddish, swollen, and irritated. On digital examination the vagina will be found moist, and as a rule covered with secretion.

In nulliparæ, the os feels enlarged, swollen, softened, and if there is a catarrhal patch, velvety and soft. In multiparæ the os may feel large and patulous, permitting the introduction of the examining finger into the cervical canal, and where there are any old lacerations the finger will detect the notched condition of the os and a considerable area will be felt as soft, velvety or rough and granular. If the Nabothian glands are closed, retention-cysts will be felt as small nodules or shot-like bodies. Once the finger has been educated, the diagnosis is almost as certain as if the speculum was used. The uterus is usually enlarged and at times tender.

The cervix is structurally distinct from the body of the uterus. On its vaginal side it is covered with squamous epithelium resting on papillæ of connective tissue and without mucous follicles. Its canal is lined with a single layer of cubical epithelium, so folded as to form shallow recesses with racemose mucous glands differing thus from the uterus. Its muscular tissue is not arranged in layers but scattered through the connective tissue which largely preponderates. Functionally it plays a passive part in menstruation and pregnancy. The normal discharge is viscid and opalescent like the white of

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Vascular sedatives, increasing contraction of vessels lessen the flow of blood through them. —Brunton.

One of the most powerful vascular sedatives is cold; also digitalis, ergot, hamamelis, lead acetate, opium.—Brunton.

an unboiled egg, and alkaline in reaction. It may be of an opaque white from mucous corpuscles, a yellow from the presence of pus or may be tinged with blood. In the worst cases, frequently specific, the discharge becomes thin, yellow or green pus.

It will be found upon introducing the speculum that some pain is usually experienced and that the cervix will appear red, granular or eroded around the os externum. For this reason the author frequently employs a Sims or a Sims-Jackson speculum or retractor, as giving a better chance to judge of the position, of the laceration and amount of eversion. The surface looks like an ulcer, red, granular and bleeds easily.

In nulliparous cases catarrhal patches or erosions may exist but more frequently the vaginal aspect of the cervix, though soft and swollen, looks healthy. Ruge and Veit have shown that the so-called "catarrhal patches or erosions" become covered with transparent columnar epithelium and that these cells permit the red color of the subjacent vascular surfaces to shine through and it is the formation of folds that produce recesses and processes, and these in turn cause the granular appearance. Obliteration of the ducts produces retention of mucus, followed by distention. The new surface of the erosion thus becomes a *glandular* surface resembling the cervical canal, thus adding to the secreting surface.

When lacerations are present there is a gaping of the canal at the cleft. This is most frequently present in multiparæ. Erosions are most often maintained by irritant secretions from the vagina as well as the uterus and cervix, but I am firmly of Tyler Smith's opinion that these are purely secondary to an endometritis within the cavity of the uterus. The analogy of these erosions is true at all orifices, the nose, anal, and urethral openings, producing the same or similar lesions of altered epithelium where the discharge is acrid and long continuous. The membrane within the cervical canal is similarly affected in nulliparæ as well as multiparæ, though in the former the os is usually small and the cervical canal distended.

The sound in nulliparæ may show a narrow, very tender internal opening with an unusually dilated canal, due to accumulated secretion which causes pain and discomfort. In these as well as multiparæ, the canal may be found tortuous or narrow, and to the sound the obstruction may feel of a gritty or cicatricial nature. This condition of stenosis, cicatricial in character, often plays an important feature, in my opinion, in keeping up the disease, and demands primary attention, if we are to secure good drainage.

When the sound is used it will be noticed that the endometrium has a much greater tendency to bleed, due to the greater vascularity of the mucous membrane. Bimanual palpation usually discloses an enlargement of the body of the uterus and an increased tenderness or sensitiveness to the touch. It may finally be stated that in the absence of cervical discharge the appearance of an erosion of the lips of the external os would indicate corporeal endometritis.

DIAGNOSIS.

Diagnosis is best made by local examination and careful inspection of the discharges heretofore referred to. Con-

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Cold is not only a vascular but a cardiac sedative, a means to which we chiefly trust in hemoptysis.—Brunton.

Cardiac muscle is stimulated by digitalin, erythrophloeine, helleborein, scillain, strophanthin, veratrine, barium.—Brunton.

siderable profit would accrue to observers if they would more frequently make a microscopic rather that a purely macroscopic inspection. Staining of the discharges does not as a rule disclose the gonococcus. Erosion of the lips of the external os is abnormal, is always an indication of the presence of irritating discharges, and when they do not happen to be present at the time of the examination, its presence is considered to be sufficient to settle its existence. Sensitiveness of the endometrium at the internal os and fundus upon the introduction of the sound and the presence of bleeding upon its withdrawal are characteristic of the condition. Tenderness of the uterus, while normally always present, is not as much so as would be expected from the extent of the inflammation. It may be said therefore that the presence of leucorrhea, erosion, tenderness and ready bleeding of the endometrium are the diagnostic signs.

Endometritis should be carefully differentiated from tuberculosis. The discharge in tubercular conditions is necrotic, cheesy, and contains tubercular tissue. General signs of tuberculosis will aid in the diagnosis. Carcinoma produces the watery, fetid discharge with increasing uterine hemorrhage, which when once seen, and smelt is never forgotten. Progress in this disease is rapid and the peculiar facies of the cachexia is developed. Microscopic examination of the tissue will confirm the diagnosis.

Carcinomatous ulceration is excavated, fissured, pale red or grayish, friable and bleeds easily.

PROGNOSIS.

Endometritis, as a rule, does not reach the special therapeutician until a number of years have elapsed. In the case of nulliparous women the inflammation is usually confined to the mucous membrane; in that of women who have borne many children the gradually exciting congestion and resulting growth in the parenchyma of the uterus leads to increased weight, displacement and other complications. As a result of this condition and hyperplasia an excess of nutrition occurs or what is less likely an aplasia or want of nutrition, dilation and distention.

The prognosis of chronic endometritis does not under ordinary treatment and applications present a favorable outcome. Under the treatment hereinafter to be outlined, the author believes a favorable prognosis can be given. Long-standing cases with septic infection can be cured provided the treatment is continuous and of reasonable length of time considering the duration of the disease. Recovery of endometritis is generally made; the question of sterility is naturally one that will remain in question.

Louisville, Kentucky.

(To be continued.)

SURGICAL NOTES

SCOLIOSIS.

Every case of curvature of the spine should be treated, howsoever slight it may be—not on account of present deformity but because it may be followed by tuberculosis and is an indication of a morbid condition of the general health.

Cardiac muscle is stimulated by small doses of potassium or double salts of zinc or copper, by caffeine that causes rigor.—Brunton.

Cardiac muscle is depressed by large doses of salicylic acid, potassium or double salts of zinc or copper.—Brunton.

According to Codicilla, a careful research has demonstrated that scoliosis is a form of contracture, and for such conditions the rational treatment is active and passive movements in the deformed portions of the spine alone, the normal portions remaining fixed. The best results were obtained by the author with the apparatus of Schulten. The apparatus of Zander is easier of application and also gives excellent results.

SCOPOLAMINE-MORPHINE ANESTHESIA.

Dr. W. C. Abbott, of Chicago, in an article in *International Journal of Surgery* (Feb., 1906) says that for all practical purposes scopolamine is the same as hyoscine; and emphatically when combined with morphine for purposes of anesthesia should not be associated with atropine—the hypnotic effect of hyoscine being directly antagonized by atropine, though the two drugs are usually regarded as constituting the two chief alkaloids of "the atropine group." Hyoscyamine should not be used either—just morphine and hyoscine (scopolamine). A fresh solution should always be prepared, as solutions of scopolamine decompose readily. Small doses raise the vascular pressure, but large doses relax it. It increases secretions generally. Under its influence in full doses the face becomes congested or cyanotic. The caution is given that ether and scopolamine should not be employed simultaneously, since the alkaloid being a vasomotor relaxant, while ether causes pulmonary hyperemia, the combined effect might result in edema of the lungs. This danger does not apply to chloroform.

Hare advises large doses followed by a small amount of chloroform, the latter being taken without any of the disagreeable symptoms of the early stage or the unpleasant sequels. Abbott calls attention to the fact that some persons display a particular susceptibility to the action of scopolamine. Hayem declares scopolamine to be contraindicated in heart disease. It is generally believed to be dangerous in the very young and very old and nephritics.

It possesses some danger. *Medical World* records 14 deaths is 1500 anesthesias (Gurlt—analysis of 300,000 cases—found the mortality from chloroform 1 in 2075; ether 1 in 5112; chloroform and ether combined 1 in 7613; A. C. E. mixture 1 in 3370 and ethyl bromide 1 in 5396). But it should be remembered that surgeons try new anesthetics in cases where they would not think of using chloroform or ether!

To produce anesthesia by the scopolamine-morphine method the patient may be given a hypodermic injection of 1-4 gr. morphine and 1-100 gr. hyoscine hydrobromide (or scopolamine). This is the dose for an adult of average strength who has been ascertained to be free from disease of the kidneys, the bowels and stomach being empty. If within an hour there is no evident effect from either drug—no flushing of the face or delirium, which sometimes occurs when the hyoscine employed consists preponderatingly of atropine—the dose may be repeated. Usually the anesthesia is not complete, so a little chloroform is required—generally the merest whiff, possibly half a dram. Satisfaction is more likely to ensue if the physician has agents of chemical purity.

Cardiac muscle is depressed by saponin, apomorphine, emetine, muscarine, pilocarpine, veratrum alkaloids.—Brunton.

The digitalin group in large doses cause peristalsis and final arrest of the heart in systole.—Brunton.

Friends must be told in advance that the patient may sleep a long time. Ricketts, of Cincinnati, has reported the history of a patient who slept ten hours, with dangerous concealed hemorrhage. It is well known that the use of chloroform, as an anesthetic in labor, involves a liability to increased postpartum hemorrhage. Whether this tendency is any greater after scopolamine-morphine remains to be seen, but the warning should be heeded.

Dr. Abbott concludes: There is no question that this method offers certain great advantages over the ordinary methods of anesthesia, especially with persons who have some organic disease of the heart, or other affections that would render general anesthesia perilous. But we must reiterate the caution above given as to disease of the kidneys. A serious diminution of the renal elimination would render this method much more dangerous than anesthesia by chloroform alone. In cases of marked feebleness of the heart, however, the new method is applicable, especially as a suitable dose of strychnine may be added hypodermically without interfering with the anesthesia.

During the experimental stage we are sure to have deaths reported, until the limits of applicability of the new method have been marked out. These need not deter us from employing it in cases where it is evidently safe and presents advantages over the older methods. Meanwhile it is to be seen whether the latest suggestion: intraspinous injection of magnesium solutions may not supersede scopolamine-morphine. It is possible that the effects derived from scopolamine (so-called) are really resultant from the hyoscine therein contained. [It is my experience that hydrobromide of hyoscine is absolutely reliable and probably safe; scopolamine is already notoriously unreliable and is certainly not without danger. I would therefore urge the use of hydrobromide of hyoscine of known excellence, free from atropine, instead of scopolamine. In my hands it has given the best of results.—Lanphear].

TONGUE-FORCEPS CONDEMNED.

No anesthetist should use tongue-forceps—they are utterly inexcusable. If the tongue drops back into the throat and chokes the patient, elevation of the jaw by placing two fingers under the angle on each side and throwing the head upward and backward therewith, will produce instant relief, unless there be accumulation of mucus in the throat in which case the head must be turned to one side and a swab introduced to clean out the obstruction. When extensive operation is to be done in either mouth or throat a strong silk thread should be passed through the tongue far back and tied in a huge loop; this will enable the assistant to hold the tongue up out of the way without the serious mutilation which results from the use of forceps on the tongue.

PLEURAL EFFUSIONS IN CHILDREN.

An excellent article on this subject is contributed to *Journal of the American Medical Association* by Dr. C. F. Wahrer, of Ft. Madison, Iowa, who claims that pleural effusions in children

Heart depressants cause finally stoppage in diastole, the muscle being paralyzed and can not be stimulated.—Brunton.

Camphor does not cause the heart to stop in systole or excite its peristalsis; it excites pulsations when stopped by muscarine.—Brunton.

are not by any means always tuberculous, and that they often escape diagnosis. In doubtful cases one should resort to exploratory aspiration by which alone can be ascertained the character of the effusion. He thinks that in children under three, the effusion is usually purulent. The importance of correct diagnosis is the greater, since in most undiagnosed cases the patients die, while with proper treatment the prognosis is good, except under one year of age (when the disease is rare) or when the disease is bilateral, which is seldom the case. In the majority of cases the treatment is surgical. Dr. Wahrer believes that every physician competent to treat these cases should also be able to aspirate a serous effusion or to make a proper incision for an empyema in a child. Of course the more competent the surgeon the better; and in those cases where an Estlaender (or a Schede) operation is required the highest possible surgical skill is none too good. The author concludes by urging most painstaking physical exploration in these cases, with all clothing removed and every possible available instrumental aid. Experience teaches him that too many auscultations are made with the unaided ear, too many percussions through clothes and poultices, and that there are too many snap guesswork diagnoses, especially in diseases of children.

DECAPSULATION IN NEPHRITIS.

Reports reach me that a number of ambitious surgeons of the smaller cities (and even some of the larger villages) are decapsulating kidneys for the relief (?) of nephritis. I cannot but condemn this. It may be that loosening the capsule of the kidney—which, by the way, within a week has grown once more to the kidney, slightly displaced perhaps, but just as unstretchable as before—may ultimately be found to be curative of certain types of albuminuria; but as yet the operation is in the purely experimental state, and it is well to leave the operation to men like Ferguson and Edebohls—men who have competent laboratory help to assist in determining what sort of cases should be subjected to operation. So far as my own work is concerned, I have had some excellent results in albuminuria associated with dislocated kidney; but even in my hospital work this is the only class of cases in which I want to operate. Multiple incisions of the capsule seem to me to be more rational than decapsulation.

GYNECOLOGICAL NOTES

PUDENDAL HEMATOCELE.

By a blow upon the vulva the vessels may be ruptured while the skin remains intact; the out-pouring blood being of sufficient quantity to produce a distinct tumor: hematoma of the vulva, or pudendal hematocele. It is even more frequently a lesion of parturition than the effect of a blow or fall. Generally the mass is the size of a hen's egg, but rarely is as large as a fetal head. Small hematomas may be treated by simple compression with rest in bed or applica-

Physostigmine, camphor monobromide, aniline sulph. and arnica-camphor act on the heart like camphor.—Brunton.

Cardiac motor ganglia are stimulated by the alcohol group including chloral, by arsenic and quinine.—Brunton.

tion of the ice-bag, under which treatment they disappear by absorption. Larger ones must be opened under strict asepsis, the bleeding vessel ligated and catgut drain inserted. If allowed to go without this treatment they are apt to become huge pus-pockets, with high fever. Free incision and drainage is then the only treatment, healing by granulation. Freshly opened hematomata often bleed excessively, so the operator should be prepared for the emergency.

HYPERTROPHY OF CLITORIS.

The clitoris may be greatly enlarged (hypertrophy); indeed to such an extent as to be sometimes mistaken for a penis. A large proportion of so-called "hermaphrodites" may be regarded as women with extremely large clitorides. It may be congenital, or may result from inflammation and edema. Very rarely elephantiasis may affect the clitoris, causing enormous enlargement.

PROLONGED LOCHIA.

Whenever the vaginal discharge continues into the third week after delivery, either there is retained debris with subinvolution or an unhealed laceration of the cervix. It is perhaps not best to make a perfect examination at this stage since intrauterine manipulation might result in serious pelvic infection. Rather it is better to use boric acid or carbolic injections followed by antiseptic suppositories and internally five grains of quinine thrice daily—a drug which contracts the uterine fibers and thus promotes involution. If bloody discharge continues into the fourth week the uterus must be carefully scraped out and perhaps touched with iodine and carbolic. Internally ergotin, quinine and strychnine are now indicated and in two weeks more the uterus will generally be found of normal size unless serious infection has occurred at time of labor.

LACERATED CERVIX.

Much ill that was formerly believed of lacerated cervix is now known to be due to gonorrheal or staphyloccoccal infection; but even so the laceration should be repaired as early as the woman will consent after the puerperium because it undoubtedly has much to do with continuance of subinvolution and especially because it unquestionably has much to do with cancer in later life. *Restitutio ad integrum* should therefore be the rule for cervix as well as perineum, though repair of the torn cervix is not advisable immediately after confinement as is that of the perineum.

THE WOMB AND NERVOUS SYMPTOMS.

Fortunately doctors do not now so often give "local treatments" to the womb for the relief of nervous symptoms as they did a few years ago—they are learning that mere erosions and displacements do not count for much unless accompanied by infection (inflammation); and that insanity, epilepsy, etc., do not depend upon the local trouble, though they may be aggravated by infective conditions and rarely caused by them. Yet it cannot be denied that improvement follows, for example, repair of a lacerated cervix (and curetment for

Cardiac motor ganglia are depressed by ergot, prussic acid, antimony, and large doses of the stimulant group.—Brunton.

The heart stoppage caused by antimony is converted into stoppage in systole by helleboreine.—Brunton.

the accompanying subinvolution) even when the infection is not severe—by some process we cannot exactly explain; but it is very easy to understand how removal of a badly-infected uterus and tubes may cure a toxic insanity, epilepsy, hysteria, neurasthenia; the source of toxemia is eliminated and Nature given a chance to cure. Such cases are, however, not very common; so the medical attendant should be very sure of the existence of grave uterine or tubal disease before advising the "cleaning out" of the pelvic organs for relief of nervous symptoms.

IMPERFORATE HYMEN.

Roberts (Gynecological Pathology) declares that "probably a few undoubted cases do occur but in the majority of patients the atresia is really vaginal, the normal perforate hymen being visible, pushed forwards and spread out on the surface of the sac formed by the occluded and distended vagina"—a statement concurred in by Matthews Duncan (Clinical Lectures). But I have seen at least three distinctly imperforate hymens, in one of which surgical measures were demanded before sexual intercourse was possible.

THE ACTUAL CAUTERY IN LEUCORRHEA.

Dr. G. L. Hunner of Baltimore (*J. A. M. A.*, Jan. 20, '06) treats leucorrhea by making deep radical incisions of the cervical tissues with the cautery blade, and claims as an advantage for the method that it can be used in office practice, without anesthesia. He places the patient in the dorsal or lithotomy position, and introduces a broad-bladed Sims' speculum into the vagina, the anterior lip of the cervix being seized with a tenaculum and the cervix pulled down as near to the vulva as possible. A nurse works the cautery bulb with one hand, holding the speculum with the other, while the operator keeps the tenaculum in one hand and manages the cautery with the other. As the patient feels the radiated heat, the cautery should be removed from the vagina after each stroke. No pain will be felt if the patient refrains from moving, unless there is a painful cervical scar. In the latter event the author secures preliminary local anesthesia, using for this purpose a tampon soaked with a 20 per cent cocaine solution, applied for ten minutes. Six strokes are usually given ranging from 2 to 5 millimeters in depth and extending across the whole hypertrophied mucosa. Treatments are given once in three weeks and are usually repeated three to six times. To guard against hemorrhage a sterile strip of gauze is left in the vagina, and removed the next night. A little hemorrhage often results. Between treatments a daily douche is advised. No bad after effects were observed with reference to parturition.

The author lays emphasis on the importance of a correct diagnosis before treating leucorrhea. If cancer is suspected a pathologist should be called in. In fresh gonorrheal cases he does not use the cautery, and cervical treatments are not to be persisted in, as there may be infection higher up. Cases not extending above the cervix he considers curable. The quickest and most satisfactory results have been obtained in

Cardiac inhibition is stimulated by muscarine and pilocarpine, stopping its spontaneous pulsations.—Brunton.

Cardiac inhibition is depressed by the atropine group, cocaine, sparteine and saponin, the pulse quickening.—Brunton.

cervical hypertrophy and eversion due to multiple childbirth.

HYDROCELE OF THE CANAL OF NUCK.

In deciding on the character of a tumor of the female groin this somewhat rare condition must always be considered. A case-report by Dr. B. S. Talmey (*New York Medical Journal*) pleasantly emphasizes this. The patient was an unmarried woman of thirty-two years. Nine years before coming under his observation, a growth the size of an egg appeared in the right inguinal region. A truss was applied, worn one year, and then discarded, as the mass disappeared in the course of a year. Two and a half years ago a smaller mass appeared a little lower than the one previously found. Under various applications this mass, considered a bubo, also disappeared. It reappeared, however, three weeks before the case was first seen by the author, who made the diagnosis of tumor and hydrocele of the canal of Nuck. This was confirmed by operation, as the opening of the inguinal canal revealed a cyst the size of a hazel-nut within the substance of the round ligament, surrounded by pericystical fluid. The pericystical lumen was in connection with a narrow canal leading into the pelvis. This lumen contained about two tablespoonfuls of a serous fluid. The capsule of the cyst was transparent. Upon the removal of the cyst and the introduction of a finger into the vagina to lift the uterus, several drops of fluid could be seen to empty from the opening of the canal. This plainly showed that the intrapelvic part of the round ligament also contained some fluid. The round ligament was then extirpated as far as the external inguinal ring, and the ligament sewed on as in the typical Alexander's operation. The recovery was uneventful.

CESAREAN SECTION GAINING ADVOCATES.

Rapidly Cesarean section is advancing in favor, it having been found safer for the mother than is craniotomy. But essentially, as pointed out by Dr. Stanley P. Warren, in the *New York Medical Journal,* Cesarean section is the child's operation. In elective cases it will almost certainly be extracted quickly and uninjured; in compulsory cases its chances are much better than after a forceps operation or version. The prognosis for the mother rests almost entirely upon the character of the previous attempts at delivery. The chief peril is infection, hence the less interference with the birth canal the greater probability of a normal puerperium. The actual operation is an easy one, within the capability of any physician who has had the usual hospital experience as an interne, and the general practician within touch of a competent abdominal surgeon can commonly delay labor until the latter can reach him.

VENTRAL FIXATION.

In spite of the opposition of prominent men ventral fixation undoubtedly is the best, simplest and safest cure for retroversion in women past the menopause or in whom removal of both ovaries is a necessity.

Physostigmine stimulates the vagus ends in the heart, rendering them more sensitive to slighter irritation.—Brunton.

The vagus ends in the heart are depressed by nicotine, saponin, lobelin, curare, and large doses of motor nerve end paralyzers.

DEPARTMENT OF

DERMATOLOGY, VENEREAL AND SEXUAL DISEASES

WITH A REVIEW OF THE LITERATURE OF THE WORLD

In charge of Dr. WILLIAM J. ROBINSON.

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THE TREATMENT OF BALDNESS.

BALDNESS among men of the professional and thinking classes is becoming so common, that one would think the male part of the *genus homo* would become reconciled to it. Not so. Hair restorers are still having a very extensive sale and the editor of this department gets probably more requests from readers of CLINICAL MEDICINE for "good hair tonics," something "to prevent the hair from falling out," than for anything else. I have therefore decided to reproduce here in a condensed form a translation of Jessner's monograph on the treatment of alopecia, adding some of the formulas approved by Sabouraud, probably the foremost authority on diseases of the hair and scalp.

The treatment of *alopecia seborrhoica,* the most common variety of baldness, should begin with the prophylaxis. A mode of life conforming to hygienic and dietetic regulations, free from overstrain, sexual excess, abuse of alcohol, etc., is the best preventive of alopecia. The scalp must be kept clean by using soap and water, comb and brush. Rough handling of the hair in combing is injurious. Exposure to cold is to be avoided for some time after washing the head. Too frequent shampooing is not to be recommended, especially for dry, brittle hair. Once or twice a week, the washing of the head is, however, requisite in beginning seborrhea, and will often constitute the sole treatment. Instead of ordinary soap, green soap may be employed, or still better, the Sapo Kalinus of the German Pharmocopeia. The following prescription is excellent:

Saponis kalini...Gm. 150	(ozs. 5)
Tincturae benzoini, Gm. 2	(min. 30)
Alcohol, to make..Gm. 200	(ozs. 7)

A piece of flannel is soaked in this lotion and rubbed into the scalp. A thorough washing with water, as hot as can be borne, then follows. Cold water may likewise be used, and also exerts a favorable influence over the circulation. *Lukewarm water has a relaxing effect and is therefore injurious.* A cold affusion after a hot shampoo stimulates the circulation of the scalp.

[Sapo Kalinus of the German Pharmacopeia is made as follows: 20 parts of linseed oil are warmed up on a water bath, in a capacious tin or porcelain vessel, and mixed with 27 parts of a 15 per cent. solution of caustic potash, to which has been added two parts of alcohol. The heating is continued until complete saponification has taken place. W. J. R.]

The cleansing effects will be greater still if an interval of several hours is allowed to elapse between the application of the lotion and the shampoo. A sensitive, inflamed scalp naturally requires greater caution, lest a trouble-

some eczema be the result. In such cases, a mild, superfatted soap is the best cleansing agent, or the crusts may be softened with oil before the washing. The following is a good ointment in cases where an eczema has supervened; here the treatment of the seborrhea must be interrupted until the inflammatory symptoms have subsided:

Salicylic acid .....grs. 8
Zinc oxide .....grs. 75
Tincture benzoin ....mins. 8
Petrolatum, to make ..drs. 5

Or an ointment of white precipitate may be used. Carron oil is also efficient.

It should be borne in mind that, at the beginning of treatment, with shampooing, numerous hairs will be removed, often to the patient's great fright. He should be warned of this beforehand, and given to understand that only diseased hair is thus removed, which would have soon come away of its own accord. Washing the head once or twice a week fulfils the chief indication of removing the excessive production of fat on the scalp. Should the hair become too dry and brittle after shampooing, it may be treated with any pure oil, taking care not to use an excess of the lubricant. Sometimes the dryness of the hair is the result of too much zeal in shampooing, and the remedy is here evident.

The second indication of the treatment is to combat the insidious inflammatory condition of the scalp and to check the excessive seborrhoic action of the glands. If persistent shampooing is insufficient for these purposes, recourse must be had to antiseborrhoic remedies: sulphur, resorcin, ichthyol, salicylic acid, tannin, chloral. Here are some good combinations:

Washed sulphur ...dr. 1-4—1
Resorcin .....grs. 8—40
Vaselin, to make .....ozs. 2

Or

Washed sulphur ..dr. 1-4 to 1
Ichthyol .....mins. 24 to 40
Simple ointment, to make ozs. 2

The ointment must be rubbed into the scalp by an attendant. The hair should be separated so as to expose half inch areas of the scalp, and to these patches the ointment is applied with a stiff brush. This is best done at bedtime, and the head covered with a night cap afterwards.

Less reliable, though more agreeable to the patient, are hair lotions, of which the following are examples:

Resorcin .....dr. 1-2—1
Salicylic acid .....dr. 1-2—1
Tannic acid ..drs 1-1-2—2 1-2
Spirit camphor .....drs. 5
Castor oil .....drs. 1 1-2—2
Cologne water, to make ..oz. 7

Or

Resorcin .....grs. 45—90
Chloral hydrate .....
Tannic acid, aa.drs. 1 1-2—2 1-2
Tincture benzoin, mins. 16—32
Castor oil .....drs. 2
Alcohol, to make .....ozs. 7

Some patients are very intolerant of resorcin and react with inflammatory symptoms. Occasionally a tarry preparation is valuable in seborrhea of the scalp, and the following is a good formula:

Liquor carbonis detergens dr. 1—2 1-2
Salicylic acid .....dr. 1-2—1
Castor oil .....dr. 1—2
Tinct, benzoin .....dr. 1—3
Cologne water .....ozs. 1 1-2
Alcohol, to make .....ozs. 7

As to the use of solid, medicated soaps,

The vagus center is stimulated slowing pulse, by chlorals, atropines, aconitine, veratrum, digitalin, nicotine, prussic acid.

The vagus center is depressed, rapid pulse, by large doses of the agents that in small doses stimulate it.—Brunton.

the author limits them to the after treatment, when the seborrhea is almost entirely cured. A sulphur-soap may then be used in shampooing the head with hot water, once or twice weekly.

All these measures are directed towards checking the falling out of the hair. Once the baldness has become conspicuous, the procedures detailed above will not bring about a restitution of the lost hair. Such restitution is, however, possible, as long as the bald patches are not atrophied and are covered with lanugo. In these cases local irritants must be employed to stimulate hair growth. Massage, friction with rough towels, hot shampooing, and the faradic brush applied daily are all valuable prophylactic measures. Of medicinal agents, chrysarobin is advisable, and its use will be discussed in connection with alopecia areata; less efficient is tincture of cantharides in 10 to 20 per cent combinations, as lotion or ointment.

To recapitulate: The treatment of seborrheal alopecia consists in thorough washings of the head with soap and hot water, supplemented in severe cases with the application of antiseborrheal ointments or lotions. Advanced alopecia is treated similarly to alopecia areata.

The secret of success lies in patient and persistent treatment. No cure must be expected in the course of a few weeks' time. Months will elapse before treatment can be abandoned, and even afterwards shampooing at regular intervals will be necessary if the seborrhea is to be held in check.

The treatment of *alopecia areata* is not hopeless, and is based on the local application of antiparasitic and irritant remedies. The treatment is best inaugurated by removing all the loose remaining hair. This is followed by a thorough cleansing with soap and water. The most efficient medicinal remedy is chrysarobin in 1 to 5 to 10 per cent. ointment, rubbed with a brush into the bald areas and their surroundings. Care must be taken to protect the eyes by wearing a close fitting cap over night. If conjunctivitis appears in spite of this the head must be thoroughly cleaned of the remaining chrysarobin, and the subsidence of the trouble accelerated by means of cold eye washes. Another unpleasant feature of the treatment with chrysarobin, is the discoloration of the face, giving the patient a mulatto's complexion, which disappears, however, as soon as treatment is discontinued.

The application of the faradic brush for five or ten minutes daily is an efficient adjuvant to the chrysarobin treatment, as is also daily massage, or friction with a rough towel.

Irritants have been recommended, as blistering the scalp, scarifications, the use of croton oil, carbolic acid, etc. For example:

Carbolic acid .....
Chloral hydrate .....
Tincture iodine, aa, ..drs. 2 1-2

Or:

Acetic acid, glacial....grs. 16
Chloral hydrate .....dr. 1
Ether .....drs. 6

The best local remedies are, however, chrysarobin and the faradic brush. Internally arsenic, and subcutaneously pilocarpine, are well recommended. Recently, phototherapy has been used in alopecia areata, and gives good results.

It should be noted that all these remedies are also appropriate in advanced

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The vagus center is depressed, fast pulse, by the nitrite group, and anything that will lower blood pressure.—Brunton.

The cardiac accelerating center is stimulated by caffeine, picrotoxin, delphinine, cicutoxin, ammonia.—Brunton.

alopecia seborrhoica and, in fact in all varieties of alopecia.

Another variety of baldness is the *mycotic alopecia,* caused by different microorganisms, and, strictly speaking, a symptom of other diseases. Such are alopecia trichophytica or tinea tonsurans of the scalp, and alopecia favosa or favus of the scalp.

The first is oftenest met with in children; is highly contagious, but gives a good prognosis, as the hair growth is almost always restored. The treatment consists in cutting the hair short and pulling the stumps of the affected areas out. A cleansing with soap and water follows, and tincture of iodine is then painted on the scalp; or the scalp is shaved and collodion applied for five to seven days. The collodion is then removed, and with the pellicle the stumps and scales come away. Now tincture of iodine is painted on, and the application repeated every three days for some time, when the scalp is again shaved, collodion applied, etc. In six to eight weeks the cure is complete. Other remedies like croton oil, pyrogallic acid, resorcin, ichthyol, etc., have also been tried with success. A method recently proposed is to cut the hair short and apply the following to the the scalp once daily, with a brush:

Acidi carbolici .....drs. 2
Ol. petrolei .....ozs. 2
Tinct. iodi .....
Ol. ricini, aa .....ozs. 3 1-2
Ol. rusci, ad .....pint 1

On the sixth day a cleansing with olive oil and a brush is ordered; on the seventh the above mixture is reapplied for five days. This cycle is repeated for three or four weeks. Thereupon a 10 per cent sulphur ointment is rubbed into the scalp for several days, and the treatment is closed with a two weeks' course of the following:

Resorcin .....
Salicylic acid, of each..oz. 1-2
Alcohol .....ozs. 4
Castor oil, to make .....pint 1

The other mycotic variety, *alopecia favosa,* requires the removal of the hair. This is best accomplished by pulling out each hair with a pair of pinchers. The procedure is slow and trying, but there is none better. The following formulae are useful:

Mercury bichloride .... grs. 8
Tincture iodine .....ozs. 2

Salicylic acid .....
Ichthyol, of each .....grs. 75
Green soap .....
Petrolatum, of each ...drs. 5

Or, a 1 to 10 per cent ointment of pyrogallic acid should be used persistently for months, morning and evening. Lately the x-rays have been utilized in treating favus (and with most excellent results).

The variety of alopecia known as *symptomatic,* may be due to a score of external and internal diseases, as erysipelas, syphilis, leprosy, myxedema, acute infections, etc. The treatment is that of the underlying affection, supplemented by local irritants—cantharides, chloral, friction and so forth.

The following formulas are chiefly by Sabouraud and can be found in his latest book, "Dermatologie Topographique":

Oil of cade .....drs. 2 1-2
Lanolin .....drs. 5
Pyrogallic acid .....

Saponin paralyzes the cardiac accelerator nerves; little or nothing is known about the accelerator centers.—Brunton.

Capillary pressure is raised by alkalies, digitalin, barium, potash, copper, zinc, and their salts.—Brunton.

Yellow mercuric oxide ..
Resorcin, of each .....grs. 15
M. Ft unguentum .....

Spirit of lavender .....drs. 6
Bichloride of mercury..grs. 5
Saponified coaltar .....drs. 6
Alcohol (60 per cent)...ozs. 8
Glacial acetic acid .....gtts. 5

Spirit of ether .....ozs. 7 1-2
Spirit of lavender .....drs. 6
Distilled water .....ozs. 1 1-2
Potassium nitrate .....grs. 8
Ammonia water .....dr. 1
To be used once a day.

Acetone .....ozs. 6 1-2
Saponified coaltar .....drs. 6
Tincture of quillaja ...drs. 6
Spirit of lavender.....drs. 6
Distilled water .....drs. 6
Pilocarpine hydrochlor. .grs. 8
To be well rubbed in with a brush.

Ether .....ozs. 5
Alcohol .....drs. 10
Tincture of pilocarpus ..drs. 5
Saponified coaltar .....drs. 5
Ammonia water .....dr. 1

Lanolin .....
Petrolatum .....
Oil of cade, of each drs. 2 1-2
Oil of birch .....
Turpeth mineral .....
Precip. sulphur, of each grs. 15
This is a very good ointment for removing dandruff:

Absolute alcohol .....ozs. 7
Tincture of capsicum ..drs. 5
Spirit of rosemary.....oz. 1
Distilled water ....ozs. 1 1-2
Potassium nitrate .....
Pilocarpine nitrate, aa ..grs. 8
Corrosive sublimate ....grs. 2
Ammonium chloride ...grs. 2

I trust the above formulas, all of them well tried, will give the readers of CLINICAL MEDICINE a plentiful choice for all stages and conditions of dandruff, alopecia and seborrhea capitis.

GONORRHEAL ERYTHEMA NODOSUM.

Dr. O. Hermann (*Muench. Med. Wochens.*, Vol. 52, No. 36) reports a case of erythema nodosum in a boy of fourteen, suffering with a gonorrheal discharge. There were spots on the different parts of the body—shoulders, chest, thighs. Under the right knee there was an elevated, bright red, painful node, also a phlegmonous node on the back of the right thigh. The boy developed remittent fever, new efflorescences developing over the entire body. Three grams of a two per cent solution of collargol was injected intravenously and the injection was repeated in five days. Under this treatment the fever went down, the skin lesions disappeared, and the patient fully recovered. According to the author the skin lesions were in direct connection with the gonorrheal process and collargol here again showed its distinct bactericidal influence on pathogenic microorganisms circulating in the blood.

THE TREATMENT OF GONORRHEAL RHEUMATISM.

He who will discover an effective treatment for gonorrheal rheumatism will de-

The vascular pressure in the capillaries and arterioles is lowered by acids, nitrites and perhaps by quinine.—Brunton.

It is very doubtful if the vasomotor nerves are stimulated by any drug, and not in the muscular walls.—Brunton.

serve to be immortalized in bronze. I confess that I am not more successful in the treatment of this condition than the rest of my colleagues. Of course, we can modify the pain, we can improve the condition somewhat—but there is not a single measure which we can say *a priori* would positively produce a cure or even cause great amelioration. Still we must have some method of treatment and the following has in our experience proved the most satisfactory.

Of the first importance is the urethritis. The urethritis must be cured, the gonococcus must be distroyed. As long as the gonococcus has a dwelling place in the man's urethra and generates gonotoxin, a radical cure is out of the question. The gonococcus must be destroyed and silver nitrate is still best for the purpose, if the urethritis is of a chronic character. If of acute or subacute character, protargol will prove more satisfactory. Internally the following combination is about the best:

Salol .....grs. 5
Antipyrin .....grs. 10
Codeine .....gr. 1-2

M. et ft chart. No. 1. Make 24 such doses. Sig. One in the morning, one in the afternoon and two on going to bed.

If the kidneys are in perfect condition, the dose of salol may be doubled. But the urine must be watched and as soon as a suspicion of a blackish or a smoky color is noticed, the salol should be discontinued. For the pain in the joints I order painting with a solution or rubbing with a liniment or ointment. The solution, which sometimes produces a magic effect and sometimes fails entirely, has the following composition:

Ac. salicyl .....dr. 1
Menthol .....grs. 15
Guaiacol .....mins. 30
Alcohol .....oz. 1

M. Sig. Paint with camel's hair brush and cover with cotton and oiled silk.

The liniment has the following composition:

Methyl salicylat .....drs. 2
Guaiacol .....dr. 1
Oleat. veratrinæ .....dr. 1
Linim. camphoræ .....dr 1
Linim. belladonnæ .....oz. 1

M. Sig. Rub in well and cover with cotton and oiled silk or muslin.

The ointment has the following composition:

Chloral hydrati .....dr. 1
Camphoræ .....dr. 1-2
Mentholis .....dr. 1-2
Ac. salicyl .....dr. 1
Guaiacolis .....dr. 1
Atropinæ .....grs. 2
Petrolati .....oz. 1
Lanolini, ad .....ozs. 2

M. Sig. Apply externally. Ten to fifteen drops of ol. sinapis volatile may be added to the above.

While this ointment does excellent service in articular and muscular rheumatism, in lumbago, in sciatica, etc., its effects in gonorrheal arthritis are only moderate; occasionally, however, it surprises us very agreeably.

I have tried Bier's hyperemia method —by applying a rubber bandage above the affected joint or joints, but I could not convince myself of its beneficial effects. Perhaps future experience will give more gratifying results.

As to the antigonococcus serum introduced by Rogers and Torrey (See

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Vasomotor nerves are paralyzed by potash, arsenic, antimony, mercury, iron, when contraction fails after stimulus.—Brunton.

Vasomotor center stimulated by convulsants —ammonia, cicutoxin, delphinine, picrotoxin, strychnine, cornutine, sanguinarine.—Brunton.

American Journal of Clinical Medicine, April, p. 500) I have not had opportunity to give it a trial. It is very hard to obtain and I imagine it will not be revolutionizing in its effects; though, *quien sabe?*

SYPHILIS COMMUNICATED BY LEECHES.

The following notice reprinted by the *Lancet* from its issue of April 5, 1828, is of sufficient interest to be presented to the readers of The American Journal of Clinical Medicine. It runs as follows:

"In a journal entitled *Westphaelischer Anzeiger,* a physician relates a case in which leeches, used at first on a person affected with syphilis, and again employed on a child, communicated the disease to it. It is therefore necessary to know when leeches are employed the second time, on whom they have been previously applied."

No, we do not think it is necessary to know—for the simple reason that a leech should not be used on two different persons. But they were very economical in ye olden days.

DANGEROUSLY INCOMPATIBLE.

The protoiodide of mercury is a great favorite in the treatment of syphilis and so is, of course, potassium iodide. But remember never to prescribe the two compounds in the same mixture, as they are dangerously incompatible. The protoiodide of mercury which is chemically mercurous iodide, becomes converted in the presence of potassium iodide, into metallic mercury and mercuric iodide, which, as is well known, is a much more toxic salt than the mercurous iodide.

$$\underset{\text{mercurous iodide}}{2HgI} = \underset{\text{mercury}}{Hg} + \underset{\text{mercuric iodide}}{HgI_2}$$

One grain of mercurous iodide forms approximately two-thirds of a grain of mercuric iodide. The danger is thus seen to be a real one. Mercurous iodide is often given in grain doses. Suppose a doctor prescribes a mixture containing one grain of the protoiodide of mercury and five grains of potassium iodide to each teaspoonful. The patient would get two-thirds of a grain of mercuric iodide (the red iodide of mercury) to the dose, which would be a toxic dose. It is therefore well to bear in mind: Never prescribe the protoiodide (or yellow) iodide of mercury and potassium iodide in the same mixture!

CALCIUM SALTS IN CHILBLAINS.

Dr. G. A. Stephens (*Brit. Med. Jour.*, April 7) is of the opinion that the condition of the blood has a greater effect on the production of chilblains, than is generally believed by the profession.

The drug which seemed to the author the most appropriate was calcium chloride, experiments having proved that the coagulability of the blood was increased by its administration. He gave it in ten to fifteen grain doses with extract of licorice (calcium chloride has a "hot" taste) three times a day and in two to three days the patient began to show remarkable signs of improvement. Broken down chilblains healed up rapidly, and chilblains that were on the point of breaking subsided without breaking. The same treatment was tried in a series of twenty cases among children of the

Vasomotor center stimulated by veratrine, atropine group, salicylic acid, turpentine, camphor, ethereal oils.—Brunton.

Vasomotor center doubtfully stimulated by potash, caffeine, phenol, digitalin, ether, chlorals, chloroform.—Brunton.

deaf and dumb asylum and with equally favorable results. One toe which was almost bad enough to suggest the necessity of amputation, the ulcer being deep and very offensive, showed a very ready response. A friend of the author's used calcium lactate instead of calcium chloride, with equally encouraging results.

[I may add here, that an ointment of calx chlorinata (chlorinated lime and not chloride of calcium) one dram to the ounce of petrolatum, makes an exceedingly useful application for chilblains.—W. J. R.]

DIET IN SKIN DISEASES.

Dr. Malcolm Morris concludes a general, rather vague article on the above subject (*Practitioner,* April) with a statement that each individual is a law unto himself and that only by observation of the individual patient can we discover what articles are injurious to him. Put not your faith in printed dietaries, says he, or indeed in any general formularies. Above all remember that the patient has larger and better opportunities of observation than the doctor, and if he is a person of ordinary intelligence and self-control, he should be trusted. The doctor who attempts to dictate as an oracle in the matter of diet is like Lord Foppington's bootmaker, who insisted that he knew better than his client whether or not the shoe pinched.

THE REMOVAL OF TATTOO MARKS FROM THE SKIN.

The skin is well moistened by a strong solution of tannic acid applied by means of a piece of absorbent cotton. This is to promote antisepsis and check bleeding. A bundle of three or four needles is then used to obliquely pick the surface of the spot, introducing the needle so as to tear the epidermis. The punctures should be made close together. The surface is rubbed with a crayon of silver nitrate with considerable force. The eschar is then painted with an ethereal solution of tannin, and is kept dry for a couple of weeks, when the derma will separate, without suppuration. The tattoo marks fall off with the eschar, leaving a red surface, which in the course of time becomes gradually less noticeable, as it gets pale. (*N. Y. M. J.*)

MERCURIAL INUNCTIONS IN CHILDREN.

Dr. J. Comby (*Journal de Medicine de Paris,* March 4, 1906) recommends the introduction of mercurials by friction in young infants, regarding it as the most efficacious method in early life. For these inunctions, he advises the employment of an ointment, which contains equal parts of mercury and excipient (petrolatum, adeps lanæ, or lard). Every day two grams of this preparation is administered. He uses it by rubbing on the skin, whatever may be the age of the infant, a quantity equivalent to one gram or gr. xv of mercury. In fact, we have no reason to fear in early infancy any danger from acute mercurialism. Mercurial stomatitis, for instance, does not occur at this age. As regards the local effects, these are obviated by changing the place of friction every day. The massage is not applied directly over any affected organ, but over different parts of the trunk (axillary re-

Vasomotor center depressed by phenol, lobelia, large doses of drugs that in small doses stimulate it.—Brunton.

Stimulation of vasomotor center causes rise of blood pressure, depression in fall not dependent on heart-action.—Brunton.

gions, hyponchondriac region, the buttocks, iliac fossæ, etc.) Each friction should be carried on for five minutes, and should be made by the aid of a small piece of flannel, which is then to be left upon the region frictioned. In this way we are sure to make the child absorb a sufficient quantity of the mercury. The good results obtained from it attest the excellence of this rather old method.

THE ASSOCIATION FOR THE PREVENTION OF VENEREAL DISEASES.

The German Association for the Prevention of Venereal Diseases held its annual meeting on March 11, in Berlin. Professor Neisser of Breslau being in the chair. Dr. Blaschko, the general secretary, reported that the association had now 5000 members and included 22 local committees; 1,500,000 copies of the pamphlets or leaflets published by the association had been distributed to the public. He also said that the newspapers now permitted subjects of this kind to be discussed in their columns and that there were only a few places where the work of the association was opposed by false prudery.

VIGO'S PLASTER.

Dr F. R.—Vigo's plaster has the following composition:

Hydrargyri .....drs. 2
Olei terebinthinæ ....mins. 20
Creæ flavæ .....grs. 20
Resinæ .....grs. 11
Styracis .....dr. 1
Empl. plumbi .....oz. 1

A plaster is to be made *lege artis* and spread on linen or cloth. Besides the mercurial it has a stimulating effect and is useful as an application in indolent syphilides. Also in sycosis and acne rosacea.

STARTIN'S LOTION.

Cretæ preparatæ .....
Pulv. calaminae, of each dr. 1
Ac. hydrocyan, dil.....dr. 1-2
Glycerini .....drs. 3
Aquae calcis .....ozs. 3
Aquae sambuci, ad.....ozs. 8

A cooling and antipruritic application. If elder-flower water is not readily obtainable, rose water may be substituted for it.

FOR RINGWORM OF THE NAILS.

Iodi puri .....1.0 (grs. 15)
Potassii iodidi..2.0 (grs. 30)
Aquae distill. 1000.0 (qt. 1)
M. Sig. Paint three times a day.

FOR LUPUS ERYTHEMATOSUS.

Ac. salicyl ...30.00 (oz. 1)
Pyrogallol .10.00 (drs 2 1-2)
Collodii ..100.00 (oz. 3 1-2)

THE SOCIETY OF SANITARY AND MORAL PROPHYLAXIS.

This society is doing a great and important work. Consisting of prominent physicians, lawyers, clergymen, etc., and its meetings being open to the public at large, it is bound to succeed in bringing to the people a realization of the grave dangers of syphilis and gonor-

Cardiac stimulants rapidly increase the force and frequency of the pulse in conditions of depression.—Brunton.

Cardiac stimulants: Ammonia, alcohol, atropine, camphor, volatile oils, ethers, heat, counter-irritants to the precordium.—Brunton.

rhea, two of the most terrible diseases affecting our national life and health. At the last meeting of the Society held at the New York Academy of Medicine, on April 12, Dr. John A. Wyeth read a paper with the following title: "In View of the Injury to the Family and Race from Venereal Infection, Should not Safeguards be Thrown Around Marriage?" Dr. John A. Fordyce discussed "The Value of Education and Treatment as a Safeguard." Ex-Senator Judge Lindsay read a paper on "Should Legislative Aid be Invoked to Penalize the Transmission of Sexual Infection in Marriage?" and his opinion was that it should not. He did not believe in law as a panacea for all evils; in his opinion education was the remedy. Dr. E. H. Grandin discussed the question: "Should the State Demand a Medical Certificate of Freedom From any Contagious Sexual Disorder as a Condition of License to Marry?" His answer was in the affirmative, and the plain unvarnished language the doctor used was refreshing and is a healthy sign of the movement for calling a spade a spade.

FOR MULTIPLE WARTS.

Chloral hydrate .....
Acetic acid .....aa dr. 1 1-2
Salicylic acid .....
Spirit of ether.....aa dr. 1
Collodion .....drs. 4
Apply to the warts twice daily.

FOR DRY ECZEMA OF THE SCALP.

Oil of cade .....grs. 75
Zinc oxide .....grs. 75
Lanolin .....oz. 1-2
Vaselin .....oz. 1-2
Ichthyol .....grs. 15
Resorcin .....grs. 15
Oil of birch .....grs. 15
To be applied on going to bed and washed off in the morning with a superfatted soap.

COMP. SULPHUR LOTION FOR SEBORRHEA.

Sulph. prep ..10.00 (drs. 2 1-2)
Zinci oxidi ...20.00 (drs. 5)
Amyli .....20.00 (drs 5)
Glycerini .....30.00 (oz. 1)
Aq. destill ...90.00 (ozs. 3)
M. Sig. Apply night and morning.

ALKALINE BATH.

Potassii carbonatis .....
Sodii carbonatis, of each ozs. 4
To be used in ordinary bath (about 30 gallons), to which about one-half pound of starch has been added. Useful in subacute and chronic eczema and psoriaris.

ITEMS WORTH REMEMBERING.

It is well to remember that gonorrhea occurring in tubercular subjects is generally very resistant to treatment. Be careful therefore not to promise a speedy cure to consumptive patients suffering with gonorrhea.

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If the stomach can stand no other form of mercury, try the mercury tannate. Give it in pills or granules 1-6 to 1-2 grain, three to six times a day. It is one of the least irritating compounds of mercury.

The effect of alcohol on the heart is probably due mostly to reflex action through the nerves of mouth, stomach, etc.—Brunton.

To obtain the heart stimulant effect of alcohol by reflex it must be strong enough to irritate the nerves.—Brunton.

GLEANINGS FROM FOREIGN FIELDS

Translated by E. M. Epstein, M. D.

ACONITINE IN FACIAL AND GENERAL NEURALGIA.

FEW remedies have such an efficacious action, and few also are so dangerous when carelessly administered, as aconitine. Its physiological effect is a rapid modification of conscious and painful sensibility, and when its action is strong enough, reflex sensibility also. Its action is even more energetic on the capillaries, reducing hyperemia.

The principal indications for aconitine are based, therefore, on its physiological action, and they are confirmed clinically. They are: facial neuralgia, principally of the congestive kind; secondary neuralgia due to hyperemia in the vicinity; dermalgias; migraine; erysipelas; aphonias; and fevers (Lepine). We reserve this single notion, that aconitine is one of the choice remedies against neuralgia, and especially against facial neuralgia. But it must be administered with great prudence and with close-at-hand watching. Alfred Martinet clearly precised the clinical conditions for the administration of aconitine: "1. Grave accidents have been observed after the initial administration of one quarter of a milligram of aconitine crystallized, at one dose. Hence the necessity of beginning the treatment with a lower dose. We advise that the initial dose be the tenth part of a milligram.

"2. The useful and the dangerous doses in a given individual cannot be determined *a priori*, because of the variability in the tolerance of different individuals, and the said doses can be determined only by repeated methodic administration. It will have to be remembered that the doses become cumulative and thus the effects lap over.

"In practice it is best to begin with a tenth of a milligram of crystallized aconitine, then according to the observed tolerance give two or three doses in an hour and a half, or three hours' intervals. Give no quadruple or quintuple dose before three or six hours after having given a triple dose and having observed the patient's tolerance; and whatever be the tolerance do not exceed that dose the first day.

"If the effect is nil, and the tolerance perfect, then after one day we can begin with a quarter of a milligram. In a word we must feel our way progressively till we find the individual patient's tolerance.

"3. This tolerance will be mathematically appreciated by ascertaining the appearance of a certain number of clinical signs clear and precise, which will enable us to affirm with certainty that the limit of the individual's tolerance had been reached, and which limits must not be passed over under the penalty of entering at once and sometimes very suddenly into the dangerous zone.

"The first symptom of intolerance coming on about half an hour after ingestion, consists of a feeling of formication, pricking, numbness, distention; the lips and tongue feel first larger in volume,

then the face and neck, then the finger ends and lastly the limbs. The pulse and respiration are a little slower. These phenomena dissipate in one or three hours without leaving anything after them except some degree of physical and mental asthenia.

"According to our opinion, these signs, which are always present in either severe or light intoxication after an initial dose, peremptorily command an immediate cessation of the drug."

Personally we have employed aconitine in a great number of cases, and prescribed in single one-tenth of a milligram doses one, two, three and four times in twenty-four hours without any inconvenience and obtained at times surprising results, although half a milligram had never been exceeded.

We use indiscriminately crystallized aconitine, or aconitine nitrate crystallized.

How is aconitine to be prescribed? It can be done in many preparations.

1. The granule. We agree with Mr. Martinet, that "the granule form in the administration of a substance so active as aconitine, and in doses almost imponderable is well open to criticism, especially with regard to rigorous precision of subdivision and to absorption." And yet granules well prepared are convenient and easy for use, and may be prescribed as follows: Aconitine crystallized, one-tenth of a milligram, or better; granules of aconitine Houdé, one-tenth of a milligram. Or again: granules of aconitine crystallized by Duquesnel, one-tenth of a milligram one to three granules the first day, not to exceed four granules the next day. Intervals at least three hours between doses. Stop the medicine at once if there is a feeling of formication, pricking, numbness of the skin, of the face, and fingers, or a feeling of swelling and distention of lips and tongue, contraction of the mouth, nose, and eyes, slight dazzling. All these are signs of intolerance of aconitine.

2. Liquid preparations are preferable on account of more certainty of dosage. The formula of Pouchet is typical: Aconitine nitrate, crystallized, 10 milligrams; glycerin (1250 density), 3 1-2 cubic centimeters; distilled water, 1 1-2 cubic centimeters; alcohol 95 per cent, enough to make ten cubic centimeters.

This solution of 1:1000 will make fifty-three normal drops to the gram, and five drops will therefore correspond sufficiently exactly to one-tenth of a milligram.

The solution of Mr. Ecalle, also very recommendable, is an "alcohol glycerated preparation of aconite, very carefully proportioned (*rigoureusment titre*), which keeps almost indefinitely, is remarkably constant in its action, contains fifty common measured drops (*compte-gouttes calibre*) to the gram, and one-half milligram of aconitine to the gram, which would be a tenth of a milligram in ten drops. (Martinet.)

3. With aconitine other medicaments may be associated. We usually combine with aconitine in treating neuralgias, some valerianate, or extract of valerian; quinine valerianate, hydrobromide or hydrochloride; extract of cinchona; gelsemium sempervirens (20 per cent tincture), five to eight drops two or three times in twenty-four hours. Rarely do we give morphine (one to five doses of two milligrams of the hydrochloride) at the same time when we give aconitine.

Give alcohol in disease in small doses, continuing only as it brings the circulation toward the normal.—Brunton.

Camphor, useful heart stimulant in fevers with failing circulation, in exanthems with rash backward, asthenics.—Brunton.

The valerianate of morphine recommended by Mr. Query is nearly impossible to be procured.

From what was said it is to be deduced, that in rebellious cases of neuralgia the therapeutic action of aconitine is the most powerful; that it must be administered with great prudence; that it is best to begin with the tenth of a milligram as a dose, advancing to two or three-tenths milligrams (the mean dose), without exceeding five or six tenths of a milligram *pro die*, and lastly that it is to be given under the close observation of the physician.— L. M. in *La Province Medicale*, January 27, 1906.

[The GLEANER thinks the above a good omen of the beginning of therapeutic's deliverance from the traditional inertia and nihilism of the past. In 1894 Nothnagel and Rossbach say in their Arzneimittellehre that "Aconitine is a remedy which can be altogether dispensed with, and considering the enormous differences and great poisonousness of some of its preparations, it is to be rejected altogether." And in 1905 the editors of the National Standard Dispensatory show remarkable faithfulness to traditional therapeutics by even a more than an *ad sensum* transcription of the above in saying: "Aconitine is so powerful and so uncertain in its action that it should rarely if ever be prescribed in internal medicine, especially as it possesses no distinct advantage over aconite." Millions upon millions of aconitine granules have been dispensed in France and in this country for the last thirty years, with wonderful benefit and not an ill report, but tradition is stronger than truth—for a while only as the above shows! Following the example of Burggraeve, we use and recommend only the amorphous aconitine, which is entirely free from any dangers which can possibly be charged to the crystallized alkaloid.]

ISOPRAL, AN EXTERNAL HYPNOTIC.

It sometimes happens that a hypnotic or calming remedy can not be given *per os*, and not even *per rectum*. And the number of such preparations that could be given hypodermically is limited. It was therefore natural that such a medicament which could be applied externally was looked for. To meet this aim isopral (trichlorisopropyl alcohol) seems to be favorable.

It is a beautiful crystalline body, which is soluble in water, alcohol, ether, and oil. It volatilizes like camphor at common temperatures. Suitable and sufficiently concentrated was found to be the following mixture in which isopral can be dissolved easily at a cold temperature: Oleum ricini, alcohol, aa 10.0; isopral, 30.0. The application is made by rubbing in the desired quantity of the solution in the skin of the brachium, or of the femur, if the subject is thin.

The embrocation should not take too much time lest evaporation take place. The moistened skin is covered with gutta percha paper and secured with a bandage, which is not to be removed before one or one and a half hours. No unpleasant effects have been noticed.

Sleep does not take place before one-half to two hours, and lasts on the average from four to seven hours. The calming influence lasts frequently till next day. Generally speaking the pain calming power of the remedy seems to ex-

One of the most powerful heart stimulants is heat, in stomach or over heart, and fever excites heart.—Brunton.

Vascular stimulants dilate peripheral vessels and facilitate the flow of blood through them.—Brunton.

ceed more or less its hypnotic effect. It is possible too that the external application of the remedy may do good in painful muscular diseases, joints, pain, etc. — *Munchener Med. Wochenschr,* 1905, 948. In *Pharm. Centralhalle,* 1905, p. 931.

THE NATURE OF HEMOPHILIA.

H. Sahli writes the following in *Zeitschr. f. Klin. Mediz.,* Bd. 56, H. 3 and 4, 1905. Morphological examination of the blood in three cases belonging to hemophilic families showed a percental decrease of the number of neutrophilic leucocytes, otherwise conditions were normal. The coagulation of the blood was during the time when the respective patients were bleeding very much slower than normal, when the blood examined came from a very small prick. On the contrary there was coagulation at the time of a stronger bleeding, even "much accelerated which must be taken as a reaction of the organism on the bleeding, since the coagulation was again retarded when the bleeding ceased."

The continuance of the hemophilic bleeding in spite of the accelerated coagulation is ascribed by the author to the quality of the wall of the damaged blood-vessels, which is chemically altered and made abnormally fragile. Therapeutically, nothing more can be rationally done for the bleeder's constitution than to promote its welfare to the highest degree possible. Against the bleeding are effectual, compression, gelatin dressings and eventually local application of adrenalin. The author warns against hypodermic injection of gelatin. For the internal use of calcium chloride, he thinks there are yet wanting sufficient data.—*Wien. Mediz. Wocherschr.,* 1905, p. 1121.

HEMOPTYSIS TREATED WITH AMYL NITRITE INHALATION.

Rouget of Val-de-Grace gave a resume of ten cases of hemoptysis which yielded to the inhalation of amyl nitrite after resisting all other means used. The remedy showed not only its curative but also its preventive power in a case of a patient who knew the prodromic signs of hemoptysis, viz., a nauseating taste in the mouth, and a peculiar uneasy feeling in the chest. In this case the inhalation of amyl nitrite prevented the access of the hemoptysis.

The explanation of this action of the remedy is, the reduction of the tension which it produces by vasodilation peripherally, amounting to a veritable revulsion. Coincident effects are confined by others. *Gazette des Hopitaux,* No. 45, 1905, p. 536. [The treatment rests upon the same basis as our recommendation of glonoin—which we know to be effective.—GLEANER.]

STERILIZATION OF COCAINE SOLUTION.

There is caution to be had when sterilizing a cocaine solution by whatever method this is done, and whatever glass vessels are used. Duffour and Ribaut have shown experimentallly that some of the cocaine is decomposed. It is best and safest to use very feebly alkaline glasses, and keep to a temperature of 100° C. (212° F.) as near as possible. —*Rep. de Pharm.,* 1904, 340; *in Pharmaceutische Centralhalle,* 1905, page 931.

Vascular stimulants are heat, alcohol, ammonia, ethers, Dover's powder, acetate of ammonium.—Brunton.

All nitrites dilate the blood-vessels and thus act as vascular stimulants. Equalizing circulation prevents internal congestions.

MISCELLANEOUS ARTICLES

THE IDEAL PROFESSIONAL LIFE.

IN the February number of THE AMERICAN JOURNAL OF CLINICAL MEDICINE the editor has an article —and it is a good one— on the paramount importance of medicine as a factor in the promotion of human welfare and in the conservation of human life. Moreover, the JOURNAL has recently contained good articles which dealt with the patent medicine evil and with medical frauds and humbugs generally. It is not necessary for my present purpose to designate the particular articles to which I refer—read the JOURNAL and you will discover them.

Now, in addition to medical journals I also read the "physical culture" magazines, and find in them many things of value. But some of these, at least, are decidedly "ultra" in their claims for their specialty and in their opposition to the use of drugs.

This is a sin that I cannot accuse the editors of the JOURNAL of committing. I have found them uniformly fair in their criticisms of other schools and practices —I deem them to be men of broad and liberal views, and far too sensible to tie themselves to the tail of any dogma. They are strenuous in their efforts to avoid even the "appearance of evil," as witness the recent change of name for the JOURNAL. There was nothing wrong in the name, THE ALKALOIDAL CLINIC, but it caused some weak brothers to stumble, so the editors have decided to remove this source of offense. I know, too, that they often recommend measures other than drugs, even other than the alkaloids. If they did not do this I should find my confidence in them somewhat disturbed.

But with our utmost endeavors to be fair-minded there certainly exists too much of the spirit of partyism, of selfishness, and too little of the spirit of humanitarianism and fraternity. I am conscious that it would be impossible for us to fully investigate and make careful trial of every new system and drug, of every "fad" that is proposed. Not one of us has the necessary grasp of mind to enable us to master even a large part of the various "systems" of practice. Still, we could do better than we now do. We could at least regard these things with greater liberality. For example, while there may not be any valid excuse for a *school* of osteopathy, or of hydropathy, nor for a school of physiotherapy, yet these are important, and in the near past too much neglected departments of the healing art, and do not deserve our utter contempt, which is too often all we deign to give them. Some one suggests osteopathy. We reply with a snort of disdain.

On the other hand there is no just reason for the wholesale condemnation of the drug-treatment of disease, and still less for the belligerent attitude of the advocate of physical culture. The truth is, medicine is a broad and liberal science,

and within its domain should be found ample room for whatever will heal the sick or relieve pain.

And here it may be remarked that there is a reason for the "patent-medicine fake." Many patent and "proprietary" compounds are distinctly useful. Sometimes they fill a void in what we are wont to term "legitimate" therapeutics. Most of those that are worthy of confidence have been manufactured in the first instance, from the prescriptions of physicians. Many patent compounds have become distinct evils, whatever they may have been originally. But here is the practical point which we should not lose sight of: As some one has said that every nation has the criminals which it deserves to have, so say I with reference to patent medicines and medical fads generally, we have those which we deserve to have. For, were we, as members of a great and liberal profession, less hidebound in the recognition of the truth and of merit in our fellows; less skeptical in our estimation of the value of drugs; less contemptuous in our verdict concerning the measures our brothers have found useful; had we been more willing to study and to test the things which thought and experience have recommended to others—in short, had we used greater diligence in keeping up with the procession, and had we relied less on the pitiful handful of wisdom we as individuals have been fortunate enough to gather, we need not have been humiliated by the sight, at every cross-roads, of the 60x100 bill-board blazoning forth the superior virtues of "Dr. Salamander's Golden Specific," etc.

But we were content to rely on quinine and Dover's powder, on tincture of iron and Basham's mixture, and we rejected the things which our brothers told us they had found useful, and particularly if they happened to be labeled "eclectic," "homeopathic," "hydropathic," and the like. We were therapeutic nihilists—too many of us, alas! are so yet! We were not merely nihilistic in therapeutics, but we decided that there were only a few basic conditions in pathology—a half-dozen well-tried remedies would cover them. We sowed to the wind. Behold, now we howl when we are compelled to face the whirlwind!

For I assert that, if every individual in the profession would only think less of his *amour propre,* of the little, pinchbeck successes he has had, or that he thinks he has had, and of his ledger-footings, and would devote more brain-power to the pathological changes of disease: if he would only lay less stress on "what the professors taught when I was in college:" on "what the authorities say," and instead be ready and willing to adopt any line of management that promises to bring out his patient sound and well rather than to see him sent to the boneyard because some "solon of medical science" has decreed that "medicine is powerless in those cases," the medical quack would be able to see his finish at no great distance ahead.

But the doctor must mentally put himself in the place of the invalid and try to imagine how he would like to be passed on with a wise shake of the head and a shrug of the shoulders, and then he will be able to break through the shell of selfishness that envelops him and begin to make himself really felt as a factor for good to humanity. For almost all people instinctively love a sane

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Cardiac tonics have no perceptible immediate effect but render the heart beats stronger and slower.—Brunton.

Cardiac tonics: Digitalin, erythrophloeine, strophanthin, convallamarin, adonidin, scillaine, caffeine, strychnine, helleborein, antiarin.

and philanthropic physician, and when he appears in the guise of the "family doctor" who understands us and who is ready and willing to sacrifice even his pride to save our lives, who will try any thing that holds out the slightest promise of hope, he can then give the quack and the faddist "cards and spades" and beat them. But let the patient once conclude that "his doctor" has given up hope and ceased to take an active interest in the case, that he has mentally said: "This chap's got to die—nothing will save him—it's folly to do anything for him!" and—well, my brother practician, what would you do if you were in that man's shoes? Without a doubt you would demand that Doctor Miracle be called in to try conclusions with the ugly shape that hovers over your couch!

And so I say to the physical culturist, to the hydropathist, and to every other man who can see no good in anything but the speciality he himself practises, "Jump out of your rut, my man, and you will be able to see what other men, and at least as good men as yourself, are doing. It will do you good." Physical culture, nor any other culture, does not exclude drugs any more than it excludes beefsteak. For where is the hard-and-fast line which they would draw between the highly-specialized food and the medicines administered by the physician? The two classes insensibly merge into each other.

But the abuses! Tell me what it is that is without them. We live anything but ideal lives, and we must contend with the untoward chance, the baneful influence. Could we always have perfect control of all the conditions of life; could we eliminate accident and the doctrine of chance; could we quit making mistakes of judgment and of burning incense to passion; could we put an end to congenital defects and to inherited predisposition; could we, as it were, by a wave of the hand, inaugurate the ideal age of the world, we might, with a perfect comprehension of the laws of life, be justified in "throwing physic to the dogs."

We might then be able to preserve the race in all its perfection by a few simple rules of living, and by the assiduous practice of physical culture. Until this golden age is surely ushered in, however, the wise man will continue to apply to physicians to relieve him of the ills that will assuredly beset him at some time of life, and until then, too, will he apply to the one whom he believes to be best fitted to certainly and speedily relieve him of the incubus of disease which weighs him down and interferes with his pleasure and his profit. And by no rule of reason can he be condemned.

M. F. Cupp.

Metamora, Indiana.

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To all of which we say Amen and again Amen! Oh, for a broader, less hidebound profession—one not bound to its idols and willing to seek the truth and accept it, wherever it may be found, even though we have to reach out for a helping hand to the unorthodox! The possibilities of relief for the sick are not realized one-tenth what they should be, largely because of the contempt we are too foolish to suppress for those who do not carry the stamp of "scientific" thought. What a responsibility rests upon the physician! We need more of

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Cardiac tonics are most useful when the left ventricle is unable to drive the blood with sufficient force into the aorta.—Brunton.

I have found erythrophloeum give most satisfactory results in simple dilation without incompetence.—Brunton.

the freedom from sectarianism, the broad eclecticism of creed, which characterizes Dr. Cupp's article.—Ed.

THE PHYSICIAN'S IDEALS.

February 17, last, the Chicago Medical Society tendered a farewell banquet to Dr. David J. Doherty, for many years a member and officer of the Society, on the occasion of his departure for the Philippines, where he is to engage in a noble philanthropic work on behalf of the Filipino people.

Below we are printing a portion of Dr. Doherty's address on this occasion, an address which breathes such a noble spirit, is filled with such lofty humanitarianism, that it ought to serve as an inspiration to every young man entering the profession, and a stimulus to good works on the part of those of us who are in the struggle and realize faintly our obligations, as man to man. Clinical Medicine wishes Dr. Doherty Godspeed in his new work. We quote from the *Illinois Medical Journal*:

In regard to the profession of medicine, it has so often and so justly been the theme of panegyrists that I need not eulogize it to the extent of my high opinion of it, lest this gathering should become merely a mutual admiration meeting. It is, however, permissible to say that in it are found the finest ideals of the human soul, ideals that dignify manhood and that can clothe with the splendor of a king even the rags of a beggar. These are humanity and scientific truth. It is by virtue of its ideals that medicine is a profession and not a trade. In proportion as we lose sight of them we shall sink to the level of mere hucksters, and, *facilis descensus Averni*, it is but a logical step further to creating a demand for our services. That would be treason to the human race. What a monstrosity would that doctor be who looks only or chiefly at the money side of medicine, who, in the words of Thomas Paine, "hunts after the mammon of this world with a step as steady as Time and an appetite as keen as death." He will end by wearing his profession as a highwayman wears his mask. There is, gentlemen, no refuge from the degrading abyss of commercialism save in the contemplation and the pursuit of the ideals of medicine. There is another thing about these ideals. They are not dreams of poets nor metaphors of rhetoricians, but realities founded on conviction; and conviction is the most potent stimulant to action and results. A minister might resign his ministry because he can not be sure that he can save a man's soul, but a physician is sure that he can help, possibly can save a man's body; and, though he must still recognize the limitations of his power, his conviction trembles not, for he has before him the beckoning wand, the increasing light of advancing scientific knowledge.

Now I take it that virtue is merely habitual, striving after worthy ideals. In speaking of the virtues that become a physician I do not refer to the homely and civic ones which belong to every good citizen and every decent man, which are the monopoly of no individual but the common heritage or common duty of all mankind. Neither do I refer to the heroic virtues. Both these classes of virtues belong to the individual, not to the profession as such, but I do not hesitate to aver that, with the exception of the military, no profession furnishes as large a percentage of individuals capable of heroic virtue as does the medical profession.

There lingers in my memory one case of heroic self-sacrifice which made a strong impression on my life. When I was a boy in my teens the church which my parents attended had as sexton a man about 30 years old, who had a

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Cardiac tonics are especially useful in mitral regurgitation when compensation is insufficient.—Brunton.

The heart will often continue to act well even after the tonics enabling it to do so are discontinued.—Brunton.

wife and two children. He was poor but ambitious, and he began the study of medicine in the intervals of his regular work. The whole congregation was interested in his undertaking, and in due time he graduated. That was about two years after the close of the civil war.

Hardly had he obtained his diploma when an epidemic of yellow fever broke out in the South and swept north as far as Memphis, causing great mortality and vast suffering. Calls were issued for nurses and doctors to go to stricken Memphis. What were the immediate motives of our sexton-doctor I know not. Perhaps he meant to acquire experience, to gain reputation, to earn money. I do not know. But this I know: he volunteered and within one week of his arrival in the plague city he fell a victim to the disease. All his hopes vanished, all his ambitions dismantled and his wife and helpless children left to the chances of a selfish world—if there is no God of the fatherless to have care for them. Forty years have passed, his name and fate have perhaps been utterly forgotten save by the thoughtful boy, who, himself now old, pays his tribute to the memory of a doctor who gave his life for his fellow men. I have often thought of him, and the lesson I learned from him is that contained in the words of the Master: "Work ye whilst the day shineth, for the night soon cometh, when no man can work."

The professional virtues, those that become a physician, are these; human sympathy, love of study and fraternal spirit. Of these, the first and chief is human sympathy. It is the core, the heart, the very soul of medicine. No other profession, not even the clerical, should be so permeated with it. I will narrate three incidents to exemplify the presence or absence of this most necessary virtue.

About fifteen years ago a physician of considerable repute was speaking to me of a certain needy patient. He said: "I do not take such cases any more, because there is no longer either money or reputation for me in them." He had the wrong spirit, because he lacked human sympathy. Since that time he has been disappointed in some of his medical ambitions. And why? Because the spirit that caused those words showed itself in other ways also and forfeited him the support of his fellows. Again, I stood at the side of a surgeon in the operating room. As he took up the knife he said: "I fear this case will spoil my statistics, but it is my duty to operate." That was the right spirit; he put his duty to the patient above his own reputation.

Finally, my collector told me of a case that recently happened. Of course, medicine has a business side which we can not ignore, because we also must live; sometimes the *res angusta domi* forces us into being strict, but oftener we find it difficult to control the process of collection after we have started the machinery by placing our bill in an agent's hands. At any rate, in the case I have in mind judgment was obtained against the debtor and the constable proceeded to levy. As soon as the doctor was told of it he drove to the place, paid the constable his fees and dismissed him and handed a receipted bill to the debtor. I do not know the doctor personally, but I certainly honor him, for he showed the right spirit. His human sympathy could not tolerate such extreme measures.

Now, gentlemen, perhaps I am going into deep water in what I am about to say, but it lies upon me to say it, for I am 56 years old, *tengo cabeza*, as the Filipinos say, and I have convictions. I am convinced that the only enduring basis for human sympathy is religious mindedness. I do not, of course, mean church membership. That is a matter for the individual conscience; but religious mindedness pertains to the professional conscience. I mean by it the recognition of something beyond matter, the acceptance of a morality that is not materialistic, if such a thing as materialistic morality can exist. Too often the

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The great risk attending the use of cardiac tonics is that of sudden death from syncope. —Brunton.

When cardiac tonics must be pushed keep the patient in the recumbent position, forbidding quick raising.—Brunton.

medical profession is charged with materialism, because the dissecting scalpel discovers no spirit. Just a fortnight ago I had occasion to meet a woman whose 15-year-old son had died shortly before. Her grief was almost irrational. Her blue eyes actually blazed as she said to me: "I hate God, I hate the doctors, I hate all men!" And she laughed scornfully as she said: "You doctors do not believe in a God, do you?" For myself I was able to answer, "I certainly do," and I tried to assuage her grief by such words of comfort as I could command.

But the incident set me thinking, and this is what I thought out: unless the physician occupy a high moral plane outside of materialism he should not be entrusted with the great, the almost God-like power he has over life and death. Think of the awful responsibility that rests upon him! A callous clod must he be, indeed, who can view the passing away of a human being without a thrill of awe. When we contemplate what death means to its victim and much more to the beloved ones whom he leaves behind, how painstaking, how conservative, how sure should be the man upon whose word rests the course of treatment, the performance of an operation that means life or death. I do not urge this reflection as an argument, because a materialist may, perhaps, have such a sense of responsibility. But the two reasons that have kept me from materialism and that lead me to assert that a physician should not be and logically can not be a materialist are these:

First—I have said that human sympathy is the essence of the art of medicine, without which it will degenerate into a base traffic. Now if all is matter, if the maimed and suffering among our fellow men are mere chips to be cast aside, why have sympathy? It is pure waste. Pity is no longer either an emotion or a motive, and the physician becomes a pitiless machine, just as his patient is a mere block. Materialism stifles the very life of medicine.

Second—Etiology is, perhaps, the chief principle of the science of medicine. We look for the cause of disease in order to prevent disease, and we look for it in order that by removing it we may cure disease. Yet etiology, the sequence of cause and effect, is the principal argument for deism, for the recognition of a power outside of matter. I leave it to theologians to thrash out to what extent such recognition means a personal God, and I am content now to record my protest against medicine being classed as materialistic.

The second virtue that becomes a doctor is love of study. His studies should be concerned chiefly with matters pertaining to his profession and his best book should be his medical society. However, it is legitimate to make excursions into other subjects. That relieves tension and preserves balance. Such side issues should not overshadow his profession, and in this respect I have perhaps deeply sinned, for I have been almost swept from my moorings, almost divorced from my legitimate mistress, medicine, by non-medical study and work. Therefore on this point I am a poor preacher. But I can at least insist that whatever we do or study outside of our profession should be worthy of a man. Along in the 70's I knew a promising artist, who told me that he deliberately went on an occasional debauch because the reaction from it gave him choicer inspiration and clearer vision. He was able to do better work in the period of reaction. What folly! He beastialized himself in order that a repentance might make him feel angelic. Is it any wonder that he ruined his career, that his evil became a habit more quickly than his good, and that both his name and his work have disappeared? Let, then, all that we do or study inside and outside of our profession be worthy of men.

The third virtue of a physician should be a fraternal spirit. This may be considered with regard to the profession at large or with regard to the individual member. In its first aspect the fraternal

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The most dangerous thing for a patient taking heart tonics is to rise from lying down, to micturate.—Brunton.

Vascular tonics cause increased contraction of the arterioles or capillaries, checking also effusion of lymph.—Brunton.

spirit of the profession is safe in the keeping of the national organization. This was evident to me as I listened at the last meeting of our society to the papers of the secretary of the American Medical Association and by others. I felt proud to realize to what a great extent Chicago is the focus and distributing point where so much energy is accumulated and so much influence is distributed for the benefit of the profession at large. But it is in contact with individuals in the competition of daily life that a doctor's fraternal spirit is most severely tested. In that sphere the rivalry, the jealousy, the bickering (usually petty) that belong to selfishness are apt to undermine this most necessary virtue. Two considerations will help us to be strong. First, it is legitimate to desire and strive for success.

But what is success? One thing is sure: it need not involve the injury or ruin of a fellow practitioner; it should not trample upon the rights of another man. You may cry "Excelsior!" in the teeth of the mountain, you may plant your standard upon its very peak, to be known and spoken of by all men, but as long as that trodden fellow being, by whose downfall you have climbed, lies at the mountain's base there is no honest success. Neither your own conscience nor the judgment of your fellows will give you plaudits. I know that some say that life is a strife. I deny it. Life is growth, and Nature and Nature's God meant opportunity to grow to be as free and fair for all as air and sunshine. The second consideration is that justice is a fundamental obligation to the human soul and that justice must mean taking everything into consideration—a man's environment, his handicaps and, above all, his motives. Hence it must lead to gentleness and not severity. The man who deals with a competitor in that spirit of justice will never trample upon him.

When I look back over the years of my medical practice, perhaps the only bitter recollection I have is of the early years when I was sometimes supplanted in the care of a case, either unfairly or unnicely, by some older, abler or better known practitioner. The case meant only a dollar more to the other man, but oh, how much more than a dollar less it meant for me, for it meant, perhaps, an injured reputation, or at any rate discouragement. Hence I plead with the older practitioners to be generous with the younger man in the profession, and to set no other limit to their generosity than the safety of the patient, or, as occasionally may happen, their own need.

CEREBROSPINAL MENINGITIS.

Apropos of the case of meningitis reported in the February CLINIC (page 240), I will say that November 10, 1905, I received a hasty call to the country to see a man who was thought to be dying. I drove seven miles through a sea of mud and found an eighteen year old lad lying on a dirty couch in a dirtier room (10x10 feet square). He was unconscious, back and neck ached, and stiff as an iron rod. Clonic convulsions of arms and legs, pupils widely dilated and inactive. He could not speak but could swallow liquids (in small quantities only). Pulse eighty, small but hard. Temperature under the arm 100.2° F., breathing irregular.

Inquiry revealed the fact that he and four others had been cooking, eating and sleeping in this small, dirty room during the past four weeks and as the weather was bad and the floor on the ground, with practically no ventilation, the sanitary condition can better be imagined than described. He had been feeling badly a few days prior to this; headache, stiffness of neck, soreness and aching of muscles, etc., but that morning as usual went to work with the other

The most important vascular tonics are digitalis, iron and strychnine. They are important in dropsies.—Brunton.

Obstruction of the veins will not cause dropsy without paralysis of the vasomotor nerves in addition.—Brunton.

boys and worked until near noon when he raised up (they were picking cotton) and said he heard a noise and told the others to listen. He then fell heavily to the ground without uttering another sound and was carried to the shack in the condition in which I found him several hours later.

I soon decided it was a case of fulminant cerebrospinal meningitis and as I had read and re-read the treatment as outlined in the May, 1905, CLINIC I decided at once that I would do the lumbar puncture and give such other treatment as seemed indicated. But I was seven miles from my office and without an aspirating needle; it was late, the roads were bad, it was then beginning to rain and I had other patients to see and was tired and sleepy, so I decided to give him some preliminary treatment and do the puncture soon next morning. So I gave him twenty grains of calomel in ten doses and directed it given every hour till all were taken, and fixed a two-ounce mixture, each teaspoonful of which contained a granule of defervescent compound (No. 1), two granules; pilocarpine, gr. 1-24; coniine hydrobromide, gr. 1-30; ergotol, ten minims; water, q. s. Direct, teaspoonful every two hours unless sleeping quietly.

I gave such other directions as to care, etc., as seemed best, and went back home and called up Dr. A. B. Fair and after telling him what I had, asked him to go see the patient with me the next morning. He agreed, and the next morning at nine found us there and we found the patient's condition much the same, except the temperature was 102° F., and vomiting (which had been violently explosive, squirting it through his teeth five feet across room and in my face the day before, and which I failed to mention in its proper place) had ceased. Bowels had not acted and the opisthotonos was as marked as ever. Face, neck and breast were covered with large red spots. We gave him a hypodermic of morphine and atropine and the clonic convulsions became less marked but back and neck relaxed not a little bit. We tried for Kernig's sign and found it marked, also the red line after slight pressure.

Dr. Fair agreeing as to the diagnosis and the proposed treatment. We gave him some chloroform and I passed a long slim operating needle into the sac surrounding the cauda equina (puncture made through third lumbar interspace to depth of one and one-third inches) and fluid (slightly turbid), began to flow in a stream. Neither of us had ever made a lumbar puncture before and we were at a loss to know how much fluid to take, but remembering to have seen a statement that usually the fluid "exudes in drops" we decided to draw off until fluid began to drop rather slowly. Needle remained *in situ* twelve and one-half minutes. During six minutes it ran in a stream and during five it dropped from ninety to one hundred and forty drops a minute (90 when we quit). During the other one and one-half minutes I was injecting a one per cent solution of lysol (210 minims). We then withdrew needle and covered puncture with collodion, gave ten more grains of calomel, and continued other treatment and left.

We returned the next morning and to our great surprise found him better. Twelve hours after the puncture he had spoken the first word which he had ut-

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A watery condition of the blood alone causes no increased lymph exudation so long as the vasomotor nerves are intact.

Arsenic lessening oxidation may cause edema by forming sarcolactic instead of carbonic acid.—Brunton.

tered since the stroke. Fever was gone, pupils contracted and active, bowels had moved freely. Not fully conscious but would respond to a question. Clonic convulsions had ceased but back and neck still stiff and ached. We introduced needle again and as fluid exuded slowly we only drew off four and one-half ounces and injected another 210 minims of one per cent solution of lysol. Continued the other treatment, except the calomel, and in addition put him on brown iodized lime, gr. one, each hour.

We went away and called again next morning and found him fully conscious but weak and back still somewhat stiff, but not so badly drawn backward. Gave him some 1-45 grain strychnine tablets and instructed to give one every four hours. Stopped the coniine and defervescent compound, but continued the lime iodized and gave strychnine every three hours.

From that time on improvement was rapid and he soon passed out from under my care and I saw no more of him until January 20, 1906, he came into my office and I did not recognize him until he told me he was "the boy who was dead." I examined carefully and found no trace of what he had gone through. I told him he seemed to me to be as perfect as when God first made him. He said he was glad and would pay his bill, but at the present writing he has not, but lots of others do. "So mote it be."

We have lots of la grippe and pneumonia down here in God's country, and it is bad. Have had an unusual number of most unusual post-grippal conditions recently.

F. G. PRIESTLEY.

Frederick, Okla.

We want to congratulate you, Doctor, on the energy and efficiency of your treatment and its satisfactory issue. This case was undoubtedly a desperate one, and the fact that your were able to pull him through in spite of the adverse surroundings and bad conditions generally, ought to give your practice a decided boost in that locality. You certainly have good reason to have faith in the lumbar puncture and the use of the lysol solution, as suggested in the columns of the CLINIC.

Cases of this disease are, fortunately, rather rare, but it is all the more satisfaction to have them recover when death is the result to be expected.—ED.

A HELPING HAND FROM BOSTON.

I have received from time to time your urgent appeals for help to circulate the good teachings and principles of the CLINIC and as many times resolved to just drop you a line by way of encouragement, which is certainly due you from every member of the family for the very excellent work that you are doing. I believe that you are fast becoming a most potent factor in instituting a radical change in "medical methods."

Your valuable magazine is worth ten times the cost of my subscription every month, for the many practical, useful pointers which I get from the perusal of its pages. I can truly say that I owe one-third of my successful practice to the simple facts I have learned from your incessant hammering about "clean out, clean up and keep clean" methods.

I am curing cases every day, and that too in a very short time, by applying

While acids seem tonic and alkalies depressing, it is probable that these effects are not due to action on the vessels.—Brunton.

The poison of rhus tox. is found in the wood long after the plant is dead, and even in the smoke when burning.—McKee.

that routine treatment. Practically all of my cases get it "good and proper," and the only fault that I can find is that in many cases I do not have to do much more to the patient, as they are usually so much better after my treatment along this line that they do not need my services any more. I find that many of the profession do not yet understand that *every remedy for the relief of acute conditions will work much more satisfactorily after this treatment than before.*

I use the alkaloids in every case that I can, and there are very few cases in which I cannot find indications for them. The fact is, that nearly all of the so-called diseases which we encounter now are mixed infections, and not such "clean-cut" cases as the text-books would have us think we would find. I think this thorough cleaning-out treatment is particularly efficient and abortive in very many of them—pneumonia and typhoid as well. In fact, I have become more accustomed to treating symptoms now, and in such treatment what is better than pure alkaloidal therapy?

CHAS. E. BUCK.

Boston, Mass.

LIFE INSURANCE FEES.

At a meeting of the Lake County Medical Society at Leadville, Colorado, resolutions were recently adopted committing the members of the society to a policy of refusing to make insurance examinations for the old-line companies for less than $5. It is proposed to make this policy binding upon the members of the association by suspending from membership any member who shall violate this rule.

This is a move in the right direction. The proposition of those past masters of high finance, the insurance magnates, to cut down expenses at the expense of the doctor, should receive a solar plexus blow from every doctor in the country. If every society would take action like this the problem would promptly be solved.

CAULOPHYLLIN.

Caulophyllin is a concentration made from *Caulophyllum thalictroides*, or blue cohosh. It is a moderate, stimulating and relaxing nervine, also possessing antispasmodic, tonic, alterative, diuretic, emmenagogue, parturifacient, anthelmintic properties. It has been used in chronic rheumatism, dropsy, sore-throat, cramps, hiccough, epilepsy, metritis, dysmenorrhea, amenorrhea, uterine irritation, pains, spasmodic afterpains, colic, cholera morbus, ague and in uterine ills, generally with good results.

Caulophyllin very much resembles macrotin, a concentration made from macrotys or Cimicifuga racemosa, the black cohosh. Caulophyllin is more adapted to chronic forms of disease, while macrotin is better for acute forms especially in cases of rheumatism. Caulophyllin is useful in rheumatism of small joints with uterine complaints while macrotin is useful in rheumatism in the fleshy part of muscles.

Both caulophyllin and macrotin act favorably in many diseases of the female generative organs and both have been used with good results to prepare women for easy labor and in cases of confinement. Caulophyllin is not as generally known as macrotin, probably because

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Senility is a morbid process consecutive to dengenerescence of thyroid and other glands maintaining trophic phenomena.—Lorand.

The investigation of ovaries and thyroids by the mouth appears the best means of combating senility, especally myxedematous.

it does not have as wide a range of usefulness, but in my opinion its action on the female organs is more important than macrotin. I have used caulophyllin in several cases of confinement and find it will increase true labor pains and bring on labor and in false pains or threatened miscarriage it will soon relieve.

Caulophyllin like phoradendron flevescens produces intermittent uterine contractions, while macrotin like ergot produces tonic contractions.

In atonic conditions during confinement I combine caulophyllin with Myrica cerifera (bayberry) and if the pulse is weak add capsicin. In cases in which the parts do not seem to relax as fast as they should I combine it with lobelin. If I were limited to four drugs in obstetric practice it would be caulophyllin, lobelin, capsicin and Myrica cerifera and if I should name the fifth drug it would be Thompson's composition, as it is the most important after confinement.

Caulophyllin should be in every physician's medicine case as it is the most reliable remedy to control false pains or to increase true labor pains or prepare a woman for an easy labor.

JOHN ALBERT BURNETT.

Cecil, Arkansas.

SEVERAL THINGS: CAULOPHYLLIN; GREEN APOMORPHINE; CALX IODATA.

For several weeks it has been my intention to try my hand at a little experience meeting talk; but, yes I am almost afraid to assign a reason for not doing so, after reading your remarks about the fellow who did not have time to read and who eventually found himself lost in the fog—or words to that effect. But you, as well as the many readers of the old CLINIC, have, no doubt, long ago realized that I am as independent as that famous "hog on ice;" a firm adherent to the principle of equal rights to all and special privileges to none, and a fair, square deal to all.

With these few preliminary remarks, if they ever get beyond the waste box, I will render my excuse for not writing before, and it is because I did not have time, but I have had time to read and work; and this, after being out all night trying to alleviate the sufferings of a fellow creature, has led me, this morning, to try to give my fellow workers a helping hand, as many of them have helped me over some rough places heretofore.

Within the last fortnight I have read in the *World*, the *J. A. M. A.* and the CLINIC, minute discriptions of where infants had swallowed foreign substances, particularly safety pins, which, strange to say, passed throughout the meanderings of the intestinal canal, in from three to seven days; the strangest thing of all being that these substances appeared at the anal orifice, unclasped, or in other words open, and were extracted without injury to the infant.

I wish to add another: Fourteen years ago, in my own family, my wife in making the toilet of our baby boy, at that time six months old, missed a safety pin, one of the ordinary kind, 1 1-2 inches long. She thought little of the matter, thinking that one of the other children had carried it away or otherwise misplaced it; that afternoon the babe was cross and fretful, continued so throughout the night, and the next day

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Those who wish to live long should commence treatment by organotherapy between 42 and 50.—Lorand.

A large percentage of the toxin infections, so prevalent of late, are directly due to cold storage poultry, undrawn.—*Med. Age.*

in the afternoon become so much so that nothing would pacify it; toward the time of the evening meal, my wife handed the babe to our little daughter to care for for a short time, while she might attend to other duties; no sooner than the change was made the babe began to scream and act as if it were going into spasms.

My wife jocularly said to the little girl, "You have pinched the baby to make it cry."

But she said, "No! No! Mamma, I did not; take the baby quick I believe it is going to die."

The mother took the babe, unfastened all the clothing, looking for an offending pin. Taking off the diaper and examing closely, she espied the hinge end of a safety-pin protruding through the anal orifice of the infant. She took a pair of small tweezers and extracted it, the pin coming away unclasped or open.

The babe surely swallowed that pin at the time it was missed, and it must have been open; but how an infant of that age could perform such an act, has always been a mystery to me.

Some months ago I had occasion to report some, to me, interesting cases of obstetrics, through the medium of the CLINIC, one of the numbers being a Mrs. R., who came near death's door, from postpartum hemorrhage, at the time of my attendance, and was only saved by the most heroic treatment. This had been her condition on two previous occasions and under other attendance. I at this time was not apprised of the fact. At a subsequent visit, and in the presence of her mother, I stated to her that if she ever became pregnant again, which I thought under the circumstances was quite possible and probable, that if she could consult me that she would escape such an experience at her next confinement.

She smiled and said, "Doctor, I am done." Then I smiled and remarked, *"Clonas wake,"* which means in our native tongue, "Maybe so."

All went well for several months, during which time Mrs. R. had been engaged at several avocations suited to her sex, the last of which was teaching in the primary department of our public school. A few days after the close of the term of school, she came into the office and said: "Doctor, mother wrote and said for me to come and see you about getting some of that medicine which you told us about the time I was sick. I didn't want to but she made me."

Of course I was surprised, and said, "What in the round world was it?" She looked kind-a-sour and said, "You know." Then I took in the situation and said, "Oh! yes, yes, I do remember, but I thought you told me that you had quit." "So I did," she said, "but it appears that I have begun again."

I propounded the usual catechism and ascertained the fact that she was 6 1-2 months *enciente,* and informed her that I thought I could steer her through all right.

Here I was up against it, for the treatment which I had intended to use had vanished from my memory like a summer cloud. I had seen it highly vaunted by some of the fraternity in the CLINIC and had decided to give it a trial on the first opportunity that offered, and here it was. I told her to call again in two weeks, as that would give ample time to begin the treatment before her confinement but the main object

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Labor is shorn of its terrors by giving castor oil every alternate night for two weeks before the expected labor.

Cholera infantum: Hypos of strychnine form one of the most valuable remedies we possess in extreme collapse.—Bing.

was to give myself time to hunt out the treatment from the files of the CLINIC and I began the search immediately, and I searched diligently, at all spare moments, but find it I could not, although I knew it was there, so as a last resort I wrote the editors for the desired information and here is what they gave me: Caulophyllin, gr. 1-6; aletrin, gr. 1-6; hydrastinine hydrochloride, gr 1-12. Take one each, three times daily, beginning four to six weeks before expected confinement.

As the lady overran her expectancy ten days, I got in a full four weeks, treatment. At this time she was residing about four miles out in the country. On Oct. 13th, at 2 o'clock a. m., a runner came for me, stating that she had begun to have pains about midnight. I arrived at the place at about 3 o'clock a. m., and found the lady in the second stage of labor, vertex presentation, and everything progressing nicely; but she was calling loudly for chloroform. She had always had it in her previous confinements, and I thought it quite possible that that was the reason she had always had such serious hemorrhages, so I kept putting her off by one excuse and another until the entire cranium had passed the external outlet, then I told her it was too late.

The next contraction expelled the entire body, which turned out to be a 9-pound girl. It was detached hastily and handed to the nurse, as we fully expected a battle royal as on previous occasions, but you can imagine my pleasant disappointment when I placed my hand on the abdomen and found the womb firmly contracting. This kept up for some time and at the end of an hour I removed the entire placenta and membranes and there was not more than one-half pint of blood following. She was up in two weeks and feeling good, a thing which she was never her fortune before, it taking from four to six weeks for her to gain her former strength after her former trials. Of course this case proves nothing, as I am in doubt as to the happy results. Was it the treatment or the withholding of chloroform?

Green apomorphine, will be included in the next paragraph. I first noticed mention being made of this drug, something like four years ago, being used to produce emesis in cases wherein the patient could not be induced to take an emetic or where there was an obstruction. Like many other things that I read I doubted that apomorphine would produce emesis, and resolved to try it the first opportunity offering.

I did not have long to wait, as a few days after, just as I had finished my noonday meal, a man came running to my residence, and said "Hurry up to the hotel, father is choking to death on a piece of meat." We made the trip across two blocks in "two-forty" time, found an old man 82 years old, black in the face, stretched out on the bed where they had placed him. I soon discovered that the instrument, which I had brought, was too short to reach the obstruction and extract by the mouth; the next best one was not equal to the emergency, being a urethral sound, all I had at hand, with which I made an unsuccessful attempt to push the obstruction in to the stomach; but the instrument being smooth, I could get no hold and was about to give is up as a bad job when I bethought me of apomorphine.

Halsted of Syracuse has raised a storm by a paper on medical graft published in the N. Y. *Tribune*.

Nature's laws are immutable and their violation brings with it more certain punishment than with human law.

No sooner thought than done, I had some old solution in my case and it was *green,* and I filled up my hypo, with what I guessed to be about 1-10 grain. I shot it into the region over the stomach and then sat down and waited for results; but none came, so I repeated the dose and waited. The old man straightened out, and said I to myself, "The man is going to die." He lay there a few minutes and gave one big gulp, looked up to me and said, "By gosh, Doc, I've got it down," and by gosh he had, and those two doses did not make him the least bit sick, but that or something else made him sweat like the dickens for some time after.

But this past summer I had another experience, but in another direction, in which I used the same treatment and did get results, judging from the amount of dejecta which the slop-bowl contained, after the ordeal was over.

Early in the morning of Oct. 2, 1905, a runner came to my office—on the dead-run, saying, "Come quick, Miss—— has taken poison—strychnine." I asked him how long since. He answered, "About two hours." I said, "H—ll! there is no use for me to go, she will be dead before we can get back." But he insisted that I should go. Then I inquired if she had had any spasms. to which he answered, "No, not when I left," so I concluded to make the effort to reach her.

I gathered up my accoutrements and jumped into the vehicle and told him to let her fly, and he did. After we had flown a couple of miles and we were on a gentle down-hill grade I thought that we might increase the speed somewhat, so I said, "Give them the full speed, Mr. —— will not care for the life of a horse or two." The driver remarked, "They are mine."

I said, "let her go anyhow, he will pay you for them, if injured, and if he don't I will."

Ye Gods, how the dirt did fly; we covered the eight miles in thirty minutes. The soil was just a little moist, and you can imagine how we looked on arrival. I shook off the worst and dashed into the house.

I found very little commotion; the mother being cool and collected, had, as soon as discovered, which I learned was about ten minutes after the taking, forced great quantities of thick cream and melted lard to be swallowed.

I found the mother and daughter, a maid of fifteen summers, sitting on the edge of a couch; the young girl, big, buxom, and fine looking, was evidently feeling quite sorry for having commited the rash act. Her fingers and muscles about the eyes had begun to twitch quite perceptibly, and she was willing to take any kind of treatment. I thought that an emetic by the usual route would be too slow, and I had no pump, so I had some thought-to-be-fresh apomorphine, in granule form. I dissolved ten granules in a hypodermic of hot water, and it looked so infernal green that I threw it out, being afraid to use it. But having no other, I repeated the solution with the same result.

As I could not afford to lose much more time, I pumped it into the biceps and told her to make ready for action.

The mother placed a basin at the side of the couch, and took the young lady's head in her hands, and waited not quite five minutes,—and "Ye Gods"

In these days of elegant pharmaceuticals the compounding of prescriptions by physicians is becoming a lost art.—Graham.

Peyser recommends intracolonic faradism for habitual constipation, the negative pole passed through a soft rubber tube.—*Va. Med.*

what an eruption. Mount Pelee was not in it. It looked like two days' rations—watermelon, muskmelon, green apples, pears, plums, peaches, with various other things, together with the cream and lard taken into the stomach. She remained sick about fifteen minutes, then dropped off to sleep. I remained for a couple of hours to be sure that there was to be no more action of the poison, gave her a good round physic and returned home. I was unable to ascertain just the amount she had taken. She showed me on the point of a knife about the quantity, and I judged it to be about a grain or possibly more. Just why she did not die I am at a loss to know, unless it was that the large amount of food in the stomach previously, and the great quantity of cream and lard following, so surrounded the poison as to prevent its absorption. I have not met her since, but I understand that she does not wish any more of that kind of experience, and I am very sure that apomorphine, green as it was, certainly had the desired effect.

A few remarks in regard to the use of calcium iodized and I am done for this time, maybe forever. It has been about five years since I first began to use this remedy, in false and true croup and kindred ailments, and my first experience was a little unique, but entirely successful. Of this I have made mention once before; but a good story is never spoiled by being twice told.

I was called out twenty miles from the office, and was unavoidably detained. During my absence a man came for a distance of twelve miles across the mountain to have me visit his child who, he telephoned me, was dying with the croup, which it had had for three days. It was impossible for me to return to the office for at least twenty-four hours, so I telephoned the merchant, who was an intelligent sort of a fellow, and told him to go to my office, get some brown tablets, from a bottle marked "calcium iodized," two dozen, and when he got home, give the babe a good physic and without waiting for it to act, to begin giving the tablets, one every ten to fifteen minutes, dissolved in warm water, and to report in twenty-four hours if it was not dead or better. That is the last I hear from the case for a week; when I did hear it was better—yes, well.

About two years ago I was called out in the night, some three miles in the country, to see a man forty-five years old, who had as clear a case of spasmodic croup as I ever saw. I gave him a rousing dose of calomel and at once began to pour calcium iodized into him in two-grain doses every ten minutes. After four doses he began to improve and inside the hour he was feeling fine. I then left him and the next morning he reported able for duty. I am getting so lazy now that when any one comes in to get me to go and see a croupy child that I try to beg off, and send treatment with directions how to take, and say if they do not get better, I will come—and I have never yet had to go.

Z. T. Dodson.

Cleveland, Wash.

CURIOUS CLINICAL CONTRIBUTION.

I have a case which puzzles me greatly. I do not know just what treatment to

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Numerous cases of keloids, lupus, carcinoma and sarcoma have been apparently cured by accidental attacks of erysipelas—McGuire.

Why stand idly by until the disease is fully developed? Associate remedies with the symptoms as they appear.—Dunn

give. I will send you the patient's letter which explains the case better than I can. If you wish, you may publish it so that the CLINIC brethren can help me out.

J. L. S.

——, Illinois.

Jan. 3, 1905.

"EXHIBIT NO. 1."

DEAR DOCTOR:—I will let you know that I am sick. I am sick in the trunk and it gives me pain and I make to much water and I make one qt. more or less of urin and I have lots of gas and pain in the stomach goes and come back and when the gas come up it tastes stron. and it sometimes buzzle in my head and ear. and my tongue is white and I want always drink and my tongue seem to be dry and I am consipated and I am nervis. and if you can send any medicine by mail and it will do just the same and if it is better to come——come. and I am not very sick. I run around the house and I can't bend myself at all to pick up something on the floor and I am always tired.

Yours truly,

———.

and if you come it is the last house by the track right in front of the sumantory. a yellow house. In the same street as Mr. ——— live on the west side of the track. and it makes two years that I got a sore side on the left side.

and send me the bill and I'll pay it by mail if you send some medicine.

—:o:—

DEAR DOCTOR:—Your favor received and contents noted. Now, Doctor, we could not possibly attempt to make a diagnosis from the remarkable account of her condition given by the patient. This might be anything from hysteria to cystitis. If you do not particularly require the patient's letter we should like to keep it as an "exhibit." Before we got through reading it we were not sure whether "the cemetery was in *her* side" or "*she* had a pain in the yellow house on the other side of the track," or that "Mr. —— has a pain which caused *her* to have gas in the stomach in the cemetery on the other side of the street!" It certainly is a *peculiar* case!—ED.

———

DEAR EDITOR:—Your letter received. You may keep the letter for exhibit. To let you know how the patient is getting along I send another letter received from her after she had taken the proper granules. This letter you may also keep for "exhibit." I would ask that they be marked, "Exhibit No. 1: before taking granules;" and "Exhibit No. 2: after taking granules." You will notice by looking over Exhibit No. 2 that the patient has gained strength rapidly and can now "throw the white horse over the fence some hay." Hoping this finds you the same, I am,

Yours truly,

J. L. S.

"EXHIBIT NO. 2."

Dr. I will let you know that I am better. and today have not so many pains and I am better of my trunk and I got only the right kidney that it hurt me not often and I felt it more than usal. and it weights in my trunk and it use to hurt me nearly all day and it makes me three days that it don't hurt me very much and my body move once a day, and sometimes I have to take one or two to make my body move. and I vomat sometimes some day once or twice and every day and sometimes it is strong. when I throw to the white horse hay over.

Yours truly,

———.

And will I have to take all the pill to move my body if I come well?

—:o:—

DR. J. L. S.—We are in receipt of

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By the use of chionanthus I believe the bile is liquefied, which prevents the formation of calculi.—Dunn, *St. L. Clinique.*

It is a hard matter for some physicians to get down to the small dose. It was with me but I am there.—Dunn, *St. L. Clinique.*

your recent favor containing "Exhibit No. 2." If you give this patient many more granules we shall have a sudden elevation of the physical body into space despite the weight of the kidney. Like Mohammed, she may "go up on the white horse." It is certainly remarkable what peculiar symptoms some patients present; but then, Doctor, *some* of the treatment is almost equal to the symptoms. Is it not so?—Ed.

ON THE RIGHT TRACK.

The American Journal of Clinical Medicine for April has just reached me. I have read the first and second articles and I desire to say that although I have never used three alkaloids in all of my years of practice, in my opinion you are doing much for the advance of scientific, optimistic medicine, which will eventually succeed in driving pessimism into the darkness of doubt and uncertainty whence it comes. You are on the right track—on the highway that leads to success. To my mind much that you advocate savors of empiricism, yet I see through this, at the bottom, science bubbling up. It all hinges on the influence of the various means and medicinal agents upon the motor nerves, dilators and constrictors. Your work is leading to investigation as nothing heretofore ever has. Let us hope that ultimately it will unify the medical world, when there will be no longer sects in medicine. Some have stumbled on truth, others have searched for and found it, all desire it, and yet many are still in the dark.

C. B.

——, Oklahoma.

This warms the cockles of my heart. It comes to me on a morning when, as is so often the case, I have been at my desk hard at work since before four o'clock, trying to compass the herculean task before me, from which fact you can readily imagine how your words of appreciation help me to bear the burden and encourage me to even greater endeavor. Few men have ever striven as I have striven against preconceived ideas, prejudice and bigotry, and few have really succeeded as we are succeeding.

Fortunately, during the past several years, I have been ably supported by Dr. Waugh, my immediate associate, together with many carefully selected assistants, all of whom are fully imbued with the spirit of enthusiasm characterizing our efforts—an enthusiasm and optimism based upon absolute belief in the truth of our propaganda. And then the growing response from the field! 'Tis greatly helpful and will soon lift the burden and push a way to the victory that is sure to come.

I am glad you like Clinical Medicine. I hope it will be a source of help and inspiration to you every month. I know you will like the active principles in your practice and shall be glad to learn, at your convenience, that you are using them.

One watching the medical press, as we are watching it, cannot but appreciate the fact that the whole tenor of therapeutic thought, as expressed therein, is changing rapidly to a more definite and accurate basis. This is as it should be. There's nothing too good for the doctor. Let the profession, as a whole, once realize the importance of and the possibility of a really exact therapy and

Sometimes heroic treatment is imperative, but we should tread those paths with extreme caution.—D. W. Dunn, *St. L. Clinique.*

If the American Liver were put on trial before a jury it would be convicted on the first ballot.—Billy Burgundy.

they will demand dependable remedies and be content with nothing else.—Ed.

THE TREATMENT OF SUMMER DIARRHEA.

In the discussion of a paper read by Dr. S. J. Harris at the last meeting of the Kentucky State Medical Association and published in the *Kentucky Medical Journal,* Dr. R. D. Pratt, of Shelbyville, made the following most pertinent remarks:

It seems to me that there are fewer cases of summer diarrhea now than there were years ago. The mothers are beginning to learn that when the baby gets its teeth, it should not be fed on potatoes and bread, and that as soon as it is able to sit up alone it must not occupy a place at the table with the rest of the family and eat what they eat. Of course, an ounce of prevention is worth a pound of cure in these cases. It is the physician's duty to teach his patients that they must be very careful with the diet of the baby.

The treatment of acute infantile diarrhea necessarily devolves into the dietetic and the medicinal. I must take issue with the essayist when he says that he has very little faith in the medicinal treatment of infantile diarrhea. I do not believe in a multiplicity of drugs, but I do have a great deal of faith in a few drugs. Calomel and rhubarb serve a most useful purpose in getting rid of the offending material in the bowel. Gastric lavage is also useful. Keep the bowels clean by colon irrigations, once or twice a day, and if there is persistent vomiting, then institute gastric lavage. Of the drugs used to control diarrhea, bismuth, or some of its preparations, easily stands at the head. Next to bismuth I would recommend an astringent, such as the sulphocarbolates, either the zinc or the sodium salt. I have found them very useful. One thing to remember in this connection is that when you give sulphocarbolates you can test the efficacy of the antiseptic by the coincident administration of the bismuth salts, giving them in large doses, twenty to forty grains a day. As soon as you get rid of the black color of the stools, showing that hydrogen sulphide has ceased to form, you know that the bowels are in a fairly antiseptic condition and that the sulphocarbolates are accomplishing what you desire. Guaiacol carbonate is another useful remedy in these cases. Theoretically, alphazone and acetozone ought to be as useful in infantile diarrhea as they are in typhoid.

As to opium, it should never be given in a "gunshot" prescription, but always with a clear idea as to what it is to be used for. In the severe diarrheas the treatment instituted by Dr. Larrabee, the hypodermic injection of morphine and atropine, was a most excellent one. But opium should always be given alone, never in combination with any other drug. When given alone you can watch what it is doing.

This able endorsement of the teachings of the Clinic is immensely gratifying—is appreciated indeed. The leaven is working. Truth will not down. What can be accomplished in the treatment of summer diarrhea we hope to show next month.

WHY WE ARE POOR. THE REMEDY.

Within the past year we came out with a vigorous protest against the habit many members of our profession had formed of saying nasty things about the practice of medicine. We pointed to the fact that all these pessimistic sayings were treasured by the enemies of our profession and employed by them to lower the regular profession in the estimation of the public and contrast their own claims with our

Detre and Sellet find animals injected with lecithin become immune towards mercuric chloride.—*St. L. Clinique.*

The reason manufacturers adulterate their food products is that it enables them to make fabulous profits.—Whalen.

asserted impotence. How is the public to know that these remarks are simply smart sayings, whose authors do not really expect to be taken at their literal word; are evidences of the ignorance of specialists who think they know general therapeutics but are mistaken?

Straight to the point comes the *Medical Council* for January, with the following quotation from the *Journal of Osteopathy:*

"OSLERISMS."

Typhoid Fever—"The profession was long in learning that typhoid fever is not a disease to be treated mainly with drugs. * * In hospital practice medicines are not often needed. A great majority of my cases do not receive a dose."

Scarlet Fever.—"Ordinary cases do not require any medicine. . . . Medicinal antipyretics (fever mixtures) are not of much service in comparison with cold water. * * * Many specifics have been vaunted in scarlet fever, but they are all useless."

Measles.—"Confinement to bed in a well-ventilated room and a light diet are the only measures necessary in cases of uncomplicated measles."

Whooping-Cough.—"The medicinal treatment for whooping-cough is most unsatisfactory."

Cerebrospinal Meningitis.—"The high rate of mortality which has existed in most epidemics indicates the futility of the various therapeutical agents, which have been recommended."

Lobar Pneumonia.—"Pneumonia is a self-limited disease which can neither be aborted nor cut short by any known means at our command. Even under the most unfavorable circumstances it may terminate abruptly and naturally, without a dose of medicine having been administered.* * * There is no specific treatment for pneumonia. The young practitioner may bear in mind that patients are more often damaged than helped by the promiscuous drugging which is still only too prevalent."

Diphtheria.—"Medicines given internally are of very little avail in the disease. We are still without drugs which can directly counteract the toxalbumins (poisonous products) of this disease."

Erysipelas.—"The disease is self-limited, and a large majority of the cases get well without any internal medication. I can speak definitely on this point, having at the Philadelphia Hospital treated many cases in this way."

Rheumatic Fever.—"Medicines have little or no control over the duration or course of the disease. Salicyl compounds, which were regarded so long as a specific, are now known to act chiefly by relieving pain. R. P. Howard's elaborate analysis shows that they do not influence the duration of the disease. Nor do they prevent the occurrence of cardiac complications, while under their use relapses are considerably more frequent than in any other method of treatment."

Yellow Fever.—"Bleeding has long since been abandoned. Neither emetics nor purgatives are now employed. The fever is best treated by hydrotherapy (water). We have no drug which can be depended upon to check the hemorrhages."

Tuberculosis.—"The cure of tuberculosis is a question of nutrition; digestion and assimilation control the situation. * * * No medical agents have any special action upon tuberculous processes."

Chronic Rheumatism.—"Internal remedies are of little service."

Diabetes (Mellitus).—"Medical treatment: this is most unsatisfactory, and no one drug appears to have a direct curative influence."

Appendicitis.—"There is no medical treatment of appendicitis. There are remedies which will allay the pain, but there are none capable in any way of controlling the course of the disease."

We do not cure more patients because we do not know what has caused the departure from normal.—Jeffers, *Med. Era.*

Urine exam. test detects liver, kidney and other affections in their early and curable stages.—Borland, *Med. Era.*

The Cirrhoses of the Liver.—"So far as we have any knowledge, no remedies at our disposal can alter or remove the cicatrical connective tissue which constitutes the *materia peccans* in ordinary cirrhoses."

Chronic Bronchitis.—"Cure is seldom effected by medicinal remedies."

Chronic Interstitial Pneumonia.—" * * * Nothing can be done for the condition itself."

Exophthalmic Goiter. — " Medicinal measures are notoriously uncertain."

Paralysis.—"The disease is incurable. I have never seen the slightest benefit from drugs or electricity. Probably the most useful means is systematic massage, particularly in the spastic cases." This latter statement is very significant. If "massage" can do much for paralysis, we believe and know that Osteopathy can do infinitely more.

Spinal Meningitis.—"There are no remedies which in any way control the course of acute meningitis."

Sciatica.—"Antipyrin, antefebrin and quinine are of doubtful benefit. Electricity is an uncertain remedy." Osler states further that better results are obtained when electricity is combined with massage.

Sick Headache—Migraine.—"It must be confessed that in a very large proportion of the cases the headaches recur in spite of all we can do." This is a frank confession from a man who is looked upon by the medical profession as authority. We know that Osteopathy has cured sick headache. Reasoning from this fact, we believe it can be done again.

Neurasthenia.—"Treatment by drugs should be avoided as much as possible. * * * The family physician is often responsible for the development of a drug habit. I have been repeatedly shocked by the loose, careless way in which physicians inject morphia for a simple headache or a mild neuralgia."

Pericarditis.—"The patient should have absolute quiet, mentally and bodily, so as to reduce to a minimum the heart's action. Drugs given for this purpose, such as aconite or digitalis, are of doubtful utility."

Endocarditis.—"We know no measures by which in rheumatism, chorea, or the eruptive fevers, the onset of endocarditis can be prevented."

Valvular Heart Disease (Stage of Compensation).—"Medicinal treatment at this period is not necessary, and is often hurtful. A very common error is to administer cardiac drugs, such as digitalis, on the discovery of a murmur of hypertrophy."

Acute Bright's Disease.—" No remedies, as far as known, control directly the changes which are going on in the kidneys."

We can not very well blame the osteopath; in this instance Osler meant exactly what he said. He has furnished our enemies with more powder with which to blow us up than any man living. Strong in his conviction that his own knowledge comprised that of the whole profession, he has given no credit to the good men who have been working in the clinical field, and has unwittingly played the part of the bird that defiles its own nest. Not that he ever meant to do so—nothing could have been farther from his intentions than to favor the irregular and deal a blow at the profession that has so highly honored him. But unfortunately Dame Nature does not give us credit for intentions but for what we do. The world's application of Osler's sayings may not have been what he intended, but for the results of these sayings he is as responsible as if they were intended by him. The plea of "didn't know it was loaded," does not go nowadays.

We are not exaggerating. The influence of these things goes far beyond our

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In thirty years' practice in malarial regions I have seen many instances where infection could only be traced to the water.—Buck.

Pneumonia: If you are bound to use a heavy poultice apply it to the back and sides; I prefer lobelia powder.—Nash, *Med. Era.*

suppositions. Foraker is a devout adherent of osteopathy. Many eminent men follow that and kindred delusions. Judges, Governors, Senators, Legislators without end accept as literally true these Oslerisms, and when bills affecting us or our rivals appear we see the consequences.

Brakes are useful on the wagon—but no brake ever moved it an inch. No wagon ever earned a copper standing still in a bog. Because the brakes once saved us from running down hill to destruction is no reason for our unhitching the team and sitting for the rest of our lives in the wagon silently worshiping the brakes. Good as is the brake, the hold back, better by far is the headlong career that at least carries us on, if we have to choose but one of them. But we don't. We appreciate at its full value the brake—but we rely on the team that pulls, the engine that boosts, and the automobile, the very embodiment of action itself.

WE ALWAYS DID LIKE THIS STORY.

Diogenes, lantern in hand, entered the village drug store.

"Say, have you anything that will cure a cold?" he asked.

"No sir; I have not," answered the pill compiler.

"Give me your hand!" exclaimed Diogenes, dropping his lantern. "I have at last found an honest man!" (Source unknown.)—*J. A. M. A.*

ZINC CYANIDE.

Hydrocyanic acid is one of the most powerful remedies known, acting with even greater rapidity than the nitrites. We have tried to obtain its valuable effects from hydrocyanic acid, dilute, and found it inert; from potassium cyanide, oil of bitter almonds, noyau, peach leaf and wild cherry bark teas, but all these proved active, variable in strength and prone to decomposition. In our own practice we have found zinc cyanide uniformly active and unchangeable. No physician should employ so potent a drug unless he can obtain it in such a form. In phthisis especially this agent is of inestimable value, soothing cough, checking fever, sweating, and the abnormally rapid metabolism, and restoring appetite and digestive capacity.

The value of a remedy so soothing to the gastric and respiratory terminals of the pneumogastric nerve, whose effect is so quickly manifested, without ulterior disturbances of digestion, must be manifest to every reader. It is best to give zinc cyanide in solution. The dose may be repeated quite frequently, every half hour if necessary, the pulse being carefully watched, as the effects are apt to be manifested quickly.

If we find that scarcely any two successive patients demand exactly the same prescription consisting of two ingredients, how much less is it probable to find a considerable number, each requiring a "shotgun" prescription of five or six substances, of widely different action, agreeing only in the one property of producing unconsciousness.—*J. A. M. A.*

A DRUGGIST'S OPINION OF PATENT MEDICINES.

A well known and highly respected druggist doing a large business in the south part of Minneapolis, puts the fol-

A N. Y. physician fell sick, three others saw him, each made different diagnosis, autopsy proved all correct.—Doane, *Med. Era.*

In New York city alone there are against 6000 regular practicians 20,000 quacks. Quackery is grounded on effective causes.—Sicher.

lowing "sticker" on every package sent out from his store:

"It is always wise to consult your family physician. Avoid patent medicines and fakers.

"40 YEARS' EXPERIENCE."

That is manly and courageous, and as there is no "patent" on the "sticker," we commend it to all druggists seeking the patronage of physicians and the respect of the public and of themselves.—*J. A. M. A.*

GLONOIN IN DYSMENORRHEA.

A lady, thirty-two years of age, has had very painful menstruation since eighteen years of age. She has had the best doctors treat her. She has had the cervix dilated, electricity used for months at a time, massage, osteopathy, and all kinds of medicine. In fact, I have been treating her for about one year. The cervix will admit a sound readily, and did the first time I saw her. A little tenderness about a week before the menses in the ovaries, uterus three inches long. She is very nervous and emaciated, also anemic; in fact, she is a physical wreck. The pain does not appear until the flow has been established two days. The beginning of the third day the flow ceases and the pain begins, and I never saw a woman in labor suffer as much.

At these times she is bathed in a cold, clammy perspiration, very pale, respiration, twelve to fourteen per minute, pupils dilated. Usually a convulsion will result. As soon as the flow is reëstablished the pain disappears. The blood is never clotted. I have put her in hot packs, and tried everything, even glonoin, but with no results. The pain usually continues from six to ten hours, but the last attack I used glonoin granules, and the result was marvelous. I gave one every ten minutes. The second granule caused the color to appear in the face, and at this stage the pain commenced to diminish, and in thirty minutes the flow was started, the body warm; perspiration ceased after the second granule.

E. S. W.

——, Michigan.

—:o:—

We take pleasure in giving your report of the case treated with glonoin to the "family." Try in such instances cannabin and glonoin, doctor: or give one or two doses of glonoin and then follow with cannabin and atropine. You will be well pleased—as will the patient. —ED.

ABORTIVE TREATMENT OF TYPHOID FEVER.

In cases of this disease, the physician is usually called on the third to the fifth day of the disease. That being the case, in a person of the usual status, say of about 150 pounds, the following procedure has been found all that could be asked, in such cases:

The bowels being the main point of attack require the first attention. We therefore give 1-5 grain of calomel with ipecac and soda every two hours until the stools show the action of the drug. Between each dose we give alternately every two hours 10 grains of hexamethylene tetramine, in large quantities of water. As soon as the stools show the action of the hepatic alterative it is dis-

Quackery is a well-defined phenomenon. At the very bottom lies the insufficiency of orthodox medicine.—Sicher, *Texas M. J.*

Factory life has its immense advantages as well as its drawbacks; but must be considered on the whole a boom.—*St. L. Med.Rev.*

continued, substituting then, if the pulse indicate that a stimulant is required, 1-100 grain of strychnine in its place. The hexamethylene is continued in full doses, until the temperature and pulse drop to normal, when it is reduced to 5 grains every two hours.

As the patient's tongue becomes clear, a plain tonic is substituted for the strychnine, without danger of a return of the disease, as the hexamethyline is gradually reduced by lengthening the time of doses, when after three to four days absence of fever, it can be safely eliminated.

The patient will go on to complete recovery, without danger of relapse, as the medicine is not fully excreted for several days, after suspending its use.

Case I. Mrs. S., age 26, of normal condition of health, but acting as nurse in her sister's family, with seven cases of the disease, two of which died. She was taken with the disease and transported seventeen miles on a bed with her daughter in an unconscious condition, with the disease, at her side.

At 8 p. m. she was found with a temperature of 104° F., pulse 115, with marked bowel disturbance, stools being very offiensive, passing every two to three hours. Some tympanites, with much tenderness of the bowels.

She was given 1-5 grain calomel with ipecac and soda every two hours, with 10 grains of hexamethylene-tetramine, alternate hours, with free bathing. At 7:30 a. m. she again was seen, when pulse was 100, temperature 99 1-2° F, stools of bilious character, without odor; tympanites and tenderness mostly absent. At 5 p. m. she was found with temperature and pulse normal, tongue nearly clear, with a desire for food.

Hexamethylene was ordered, gr. 10 every six hours, with a teaspoonful of calisaya bark, iron and strychnine between.

Case discharged on the fourth day.

Case II. Miss S., age two and one-half years, daughter of case one, had been confined to bed for a week; had been having involuntary passages for three days, with low muttering delirium. Bowels very tympanitic, tender, with a fecal passage every one-half hour, with great pain. Temperature 105° F. in the axilla, pulse 145 and irregular.

She was ordered one teaspoonful of a solution of hexamethylene-tetramine of one grain to the teaspoonful; one teaspoonful every two hours. Turpentine over the bowels.

At 8 a. m. the temperature was 97 1-2° F. in the axilla, pulse 80, with a very cool skin. She was fully conscious, and tympanites was mainly controlled. Having left 30 grains in the solution, I inquired the amount taken; was informed by the good old grandma, that she had given it all, the last at 7 a. m., making 30 grains in eleven hours. I ordered a solution of strychnine in alcohol with quinine, quite dilute and heat to the body which was to be kept hot with water bottles. At 10 a. m. she was in good condition, without the good old lady being aware of the mistake she had made.

The case was discharged at the same time as the mother.

I could multiply cases in large numbers. These occurred in August, 1898.

H. C. Howard.

Champaign, Ill.

The St. Louis Chemical Society has petitioned Congress, urging the substitution of the metric system.—*St. L. Med. Review.*

Soles proposes to recognize toxic alkaloids by the changes their presence causes in the shape of sodium chloride crystals

We may count Dr. Howard as one more who will require to be "shown" the uselessness of intestinal antiseptics in typhoid fever. Many men who appreciate the value of these agents fail to realize the necessity of first emptying the bowels before attempting to disinfect them. We recently saw a child of four years with typhoid fever, in the second week. The pulse was weak, temperature 104 plus, the abdomen distended and stools dark and offensive. She was taking quite large doses of zinc sulpho carbolate, and yet was by no means in a satisfactory condition. The presence of typhoid bacilli in her blood had been demonstrated. She was then given two-thirds of a grain of calomel in divided doses, followed by saline laxative, producing copious evacuations. The temperature at once fell to 101° F, the distention and distress subsided, and we labored under the delusion that she at once reacted and within two days was convalescent. Also that prompt recovery followed, well within the classic period. Further, that the recovery was secured and hastened by the cleaning out and disinfection—and in these delusions we remain.—Ed.

MY FIGHT OVER SUSY P. A LEAF FROM A COUNTRY DOCTOR'S LOG BOOK.

Come back to the chickens, the dog and the pig,
The harrow, the hoe, the rake, and the plow-ow,
The drill, and the mower, the soft-cushioned rig,
And a drink of fresh milk, from the old brindle cow-ow.

—*Grade C. Ancient Bucolic.*

There is nothing new nor nothing startling in the following. Plenty of my readers, would, I have no doubt, put up a better battle than I did. But the whole case from start to finish, so vividly illustrates the hundred and one little setbacks that the average country medico has to contend with, that I could not resist the temptation to scribble about it.

To begin: In the first place, Susan was a mighty small patient to fight about. She's just one year old, and in full costume for the time-honored squared circle, weighs just eleven pounds avordupois. If you have an average hand look at your thumb nail, and you will have about the size of the palm of her hand. Well, my little lady starts a beautiful, plainly-to-be-diagnosed case of mucoid ileocolitis. Any other baby of ordinary size would have been contented with plain every-day summer complaint. (Any old kind of diarrhea is styled "summer complaint" with us. Of real cholera infantum I do not believe I have seen a case in three years; this goes to prove Illoway's heat theory as a cause of summer complaint correct.) But nothing every-day and common like that, went with Susan. No Sir'ee, she was going to have something that had nomenclature, to it. She wanted something that had a name, that weighed as much as she did.

Well, I was called about 9 o'clock of a pleasant September evening. The minute I got in sight of the place I knew I had been called as a mere polite preliminary to the undertaker. All the immediate neighborhood was there and they had sent over and got a few extras from the adjoining township. After exchanging a solemn howdy, with a dozen or so of gentlemen in the front yard, I was passed on into the house and turned

Blood is injured by mercury, lead, copper, phosphorus, arsenic, potash, zinc, silver and iron, primarily and decidedly.—Petrof.

Shoemaker reports poisoning from 40 grains potas. permanganate, saved by emesis and stimulants.—*Med. Bulletin.*

loose among anywhere from seventeen to twenty matrons. My city brethren will deem this overdrawn; my country confrere will wonder why I am allowed space to mention such a matter of coarse detail as that. Surrounded by an anxious circle of the ladies I examined my little patient, lying on her mother's lap. Well, there was no denying the fact, she was an awfully sick baby; everything you put in her showed up *per os* or *anum*. Temperature 104.6° F. Stools blood-streaked and shreddy. To simplify things, if she'd been twenty years older—dysentery.

Next treatment. As is understood, of course, she had been catnipped and her uncle had brought her out from town, some real boughten blackberry wine. If ye editor don't know what that is, let him borrow a nickel and go down on Clark street and find out. He will know exactly how to get dysentery, if he can't cure it. First, I got rid of all my ladies but two, not that they were doing any harm, but I had a notion that I would need them, one or two at a time, later on. I told them I would guarantee my baby for the next four days (I had a good pulse) at least.

Now what follows will be really honest, truthful James. I didn't think I needed that much fever. Aconitine granules, three in twenty-four teaspoonfuls of water. First spoonful promptly returned; second ditto. Move two. Two granules anodyne (Waugh) in teaspoonful hot water. Retained. One more in ten minutes. That stayed too. Waited ten minutes more, then a spoonful of aconitine solution. Eureka! that stayed. Twenty minutes another; twenty minutes more, still another. Temperature one hour after, 102 1-2° F. Waited one hour, then aconitine; teaspoonful once more. Ten minutes interval, then anodyne for infants (Waugh), two granules in teaspoonful of hot water. This brought my little patient a moist skin and a much needed rest. Directing a teaspoonful of the aconitine solution every two hours, followed in ten minutes by one anodyne granule, in case Emmie Susie should be awake (but not to wake her up for it) and promising to show up in the morning, I left. I felt pretty morally certain I would find in the morning a fever free, but very weak baby.

I should have stated above that I instructed the mother to discontinue the aconitine upon cessation of the fever. Note my first break was at what in my humble opinion was my first worst symptom, viz., the fever. I let everything else go until I could get rid of some of that inflammation. Upon my return at nine the next morning, my previous expectations were realized to a dot.

Now the next thing I wanted was just a little bit of sustenance before I started in on a calomel clean up to be followed in due course by zinc sulphocarbolate. What could I feed that would stay? Some gentlemen in the *Journal of the American Medical Association* recommended albumen water with ten drops spirit ammoniæ aromaticus. I tried this. It's right. Take a glass, break into it the white of one large fresh egg, add exactly twice as much distilled, cool water as you have egg, stir gently, then add your spiritus ammoniæ aromaticus. Make fresh for each feeding. I gave from one-half ounce to an ounce of this every two hours. Once in a while it came up, mostly it stayed.

Smith reports uremic coma relieved by glonoin, pilocarpine, exosmotic enemas, elaterin and diuretics.—*Med. Bulletin.*

Consumption is carrying away to an untimely grave in this country every year 110,000 victims.—Boice, *Med. Fortnightly.*

The dysenteric stools still persisted and I knew I would have to work fast. At 12 noon I started my calomel with aromatics, grain 1-10, one tablet every hour until ten had been taken. The fever raised some about 4 p. m., but not enough in my judgment to warrant me in using more aconitine. Just so my baby wasn't on fire I wanted to conserve every ounce of force. Keyes states that minute doses of mercurials have a tonic effect. Headland, "On the Action of Medicine," comes to practically the same conclusion. I am glad to be able to favor these gentlemen with the credit of my endorsement. They are right, but if you want that tonic effect keep your doses an hour apart. Ten p. m. finished up the grain of calomel; at 10:20 I put a hot iron to the baby's feet (to pull all the blood I could to where it would do the least harm). Gave two granules of anodyne for infants in hot water and at 11 went home, leaving my little patient with a moist skin and at peace with the world once more.

If I want the inestimable privilege of seeing this article in print I've got to cut it. I began my third day with zinc sulphocarbolate, gr. 1-6, every two hours till 4 p. m., then calomel, gr. 1-10, for five doses one hour apart. If baby was fretful and restless I used the anodyne granule. If she wasn't I didn't. I would like to use up space telling about our difficulties: How, just as Emmie Susie was convalescing, I found her one morning with a ham rind in one hand and a watermelon, about the size of an osage orange, and twice as green, in the other—but space forbids. Peace to me, I've seen those last three words before.

L. Thompson Clason.

Urbana, Ohio. (R. F. D.)

And the story ends, so we suppose, as it commenced, with "a drink of fresh milk from the old brindled cow"—Emmie Susie back on a milk diet once more, with now and then, for variety's sake, a little ballast in the way of green apples and half-grown watermelons. By the way, what tough "kids" and good doctors they have down in Ohio. But—only one of "our folks" could have pulled through a case like that, one equipped with aconitine, sulphocarbolates, the "clean out" idea and—brains! You certainly "did yourself proud," Doctor.—Ed.

HE SEES RESULTS EVERY DAY—AT LAST!

I see the results from the use of the alkaloids from day to day. It makes me feel that the best of my life has been lost in delving in the materia medica (and with me the disappointments have been many) and now I am sure it was due to unreliable medicine. I have for instance, never been satisfied with the action of digitalis, but digitalin fills the bill every time when indicated. I am convinced of this one fact; if physicians fail to benefit their patients with the alkaloids, it is because they have not made the correct diagnosis, and it is not the fault of the remedies. I feel so much the need of more knowledge in regard to them it seems that the days are not long enough to acquire it, and the means at my command are insufficient.

E. S. W.

——, Michigan.

—:o:—

We are pleased to know that you too are using the alkaloids with success.

The aim and end of all journalism is truth, and medical editors should always have this fact foremost in mind.—Norbury.

In estivoautumnal fever the value of calomel, 20 to 40 grains, in overcoming hepatic torpor can not be denied.—Hare.

The reason you are now getting results is that you are thinking more, paying more attention to the patient and the underlying conditions. And giving positive remedies to meet the indications. We are now at work on an extensive "Practice" which will be ready for distribution shortly. At present the Digest, Shaller's Guide and Alkaloidal Therapeutics are the only works available. Waugh's Treatment of the Sick is not exclusively an alkaloidal work but gives the alkalometric and "regular" treatments for each disease. We are struck by the concise way you outline one of the most important facts we have to deal with, i. e., "if physicians fail to benefit their cases with the alkaloids it is because they have not made the correct diagnosis—not the fault of the medicines." This is absolutely correct and while we quite often incur the enmity of the man to whom we make this remark, he knows, nine times out of ten, that it is *true*—Ed.

TRI-STATE SOCIETY MEETING.

In the April number of Clinical Medicine we printed a provisional program of the coming meeting of the Tri-State Medical Society meeting, which will be held in Galesburg, Ill., June 26 and 27. Remember the place and the date. We are glad to be able to submit the following splendid program, one which we believe is hard to beat. It should insure a large turn out from the three states of Iowa, Illinois and Missouri constituting its special field. And —let us whisper to you—we shall be glad to see our friends from other states. The program is as follows:

FIRST DAY, TUESDAY, JUNE 26

Fallacies Regarding the Regulation of Prostitution, Dr. Alfred DeRoulet, Chicago, Ill. Epilepsy, Dr. Marc Rav Hughes, St. Louis, Mo. Phlebitis vs. Appendicitis, Dr. J. T. White, Freeport, Ill. To Operate or Not to Operate in Appendicitis, Dr. J. J. Brownson, Dubuque, Ia. Physiologic Therapeutics of Hypertension and Hypotension, Dr. J. H. Kellogg, Battle Creek, Mich. An Aztec Representation of Leprosy, Dr. A. H. Ohmann Dumesnil, St. Louis, Mo. The Pilocarpine Group, Dr. W. F. Waugh, Chicago, Ill. Two cases of Brain Surgery, Dr. H. C. Mitchell, Carbondale, Ill. Medicine: Its Dignity and Virtue, How Sustained, Dr. A. L. Glaze, Grayville, Ill. Sudden Death During or Shortly After Parturition, Dr. Tinsley Brown, Hamilton, Mo.

SYMPOSIUM ON ABDOMINAL SURGERY.

Bible-Tract Adhesions, Dr. Robt. T. Morris, New York City. Abdominal Operations Under Local Anesthesia, Dr. T. C. Witherspoon, St. Louis, Mo. Incising and Suturing the Liver, Dr. Jacob Frank, Chicago, Ill. Surgical Treatment of Diffuse Peritonitis with Report of Cases, Dr. John Young Brown, St. Louis, Mo. The Relation of Traumatism to Misplacement of the Abdominal and Pelvic Viscera, Dr. Samuel Ayres, Kansas City, Mo. Treatment of Acute Insanity in a General Hospital, Dr. Daniel R. Brower, Chicago, Ill. Some Observations on General Paresis of the Insane in Women, Dr. Anne Burnett, Mt. Pleasant, Ia. The Drug Treatment of Tuberculosis, Dr. Geo. F. Butler, Chicago, Ill. The Teaching of Hygiene, Dr. Jennie McCowen, Davenport, Ia. Tumors of the Scrotum, Dr. D. W. Basham, Wichita, Kans. The Clinical Value of Blood Examination, Dr. E. W. Meis, Carroll, Ia. The Present Status of Electricity in Medicine, Dr. C. S. Neiswanger, Chicago, Ill. Address—Abuse of "Patent Medicine Whisky" by the Laity, Dr. C. F. Wahrer, Ft. Madison, Ia. President's

Striking proofs of how highly men value their "precious right of private haziness" are to be found in realm of dietetics.—Hutchinson.

Every would-be reformer is absolutely certain that what nine-tenths of humanity find to be their food is deadly poison.—Hutchinson.

Address—Medical Evolution, Dr. Wallace C. Abbott, Chicago, Ill. Personal (and Hearsay) Experiences with Proprietaries, Patents and Consultants: Good, Bad, Indifferent and "Not Worth a Damn," Dr. W. C. Ussery, Paris, Ky.

SECOND DAY, WEDNESDAY, JUNE 27.

A Plea for a More Simple and Scientific Therapy, Dr. G. R. Neff, Farmington, Ia. Membranous Enteritis, Dr. A. S. Burdick, Chicago, Ill. The Surgical Treatment of Puerperal Pyemia, Dr. C. N. Thienhaus, Milwaukee, Wis. Enlarged Thyroid Complicating Pregnancy, Dr. Effie L. Lobdell, Chicago, Ill. Modern Management of Summer Diarrheas of Childhood, Dr. W. L. Ellis, Grayville, Ill. Cancer of the Uterus: Why Does the Surgeon Fail to Cure it? Dr. Emil Ries, Chicago, Ill. Report of Progress in Ophthalmology, Dr. James Moores Ball, St. Louis, Mo. Ulcer of Stomach, Dr. Carl Beck, Chicago, Ill. When Shall We Operate for Infected Fallopian Tubes? Dr. Felix William Garcia, St. Louis, Mo. A Study of the Results of Conservative Treatment of the Uterine Appendages, Dr. G. S. Newton, Chicago, Ill. Does "Conservatism" Pay in the Treatment of Inflamed Uterus and Tubes? Dr. John C. Murphy, St. Louis, Mo. A Gynecological Talk with the General Practitioner, Dr. H. C. Crowell, Kansas City, Mo. Some Uses of the Supra-pubic Canula, Dr. W. T. Belfield, Chicago, Ill. Sigmoid and Meso-Sigmoid in 700 Autopsies, Dr. Byron Robinson, Chicago, Ill. The Chemical Significance of Chronically Enlarged Tonsils, Dr. C. A. Boice, Washington, Ia. Tubercular Arthritis, Dr. Jacob Geiger, St. Joseph, Mo. Contribution to the Significance of Vesical Symptoms in Diseases of the Pelvic Organs, Dr. F. Kreissl, Chicago, Ill. Some Surgical Subjects, Dr. W. M. Harsha, Chicago, Ill. Tonsillectomy by Electro-cautery Dissection, Dr. Edwin Pynchon, Chicago, Ill. Differential Diagnosis of Diseases of the Upper Urinary Tract, Dr. Ernest G. Mark, Kansas City, Mo. Consideration of the Treatment of Prolapse of the Abdominal Viscera, Dr. Franklin H. Martin, Chicago, Ill. Cardiopathies of the Fifth and Sixth Decennial Periods, Dr. J. M. Patton, Chicago, Ill. The Use of the Dumb-bell Device in Intestinal Anastomosis, Dr. J. B. Bacon, Macomb, Ill. Title unannounced, Dr. D. S. Fairchild, Clinton, Ia. The Pneumococcus as a Cause of Single, Multiple and General Infections, Dr. Mary S. Johnstone, Chicago, Ill. Vaginal Section as an Operation of Choice, Dr. Henry T. Byford, Chicago, Ill Chronic Rheumatism—Its Metabolism and Therapy, Dr. R. W. Webster, Chicago, Ill. How Does Surgery Cure Retro-deviations of the Uterus? Dr. Bertha Van Hoosen, Chicago, Ill. Title Unannounced, Dr. A. A. O'Neill, Chicago, Ill. The Status of Professional Knowledge of the Feeble-Minded, Dr. W. H. C. Smith, Godfrey, Ill. Recent Advances in Orthopedic Surgery, Dr. J. H. Tanquary, St. Louis, Mo. Massage, Baths, Suggestions and Other Lines of Treatment which should be Rescued from the Quacks, Dr. P. W. Ransom, Rockford, Ill. Modern Treatment of Diphtheria, Dr. J. S. Kauffman, Blue Island, Ill. The Improved Technic of Cesarean Section, Dr. Emory Lanphear, St. Louis, Mo.

The officers of the society for 1906 are:

President, Dr. W. C. Abbott, Chicago, Ill. First Vice-President, Dr. J. W. Hanna, Winfield, Ia. Second Vice-President, Dr. H. B. Young, Burlington, Ia. Secretary, Dr. C. F. Wahrer, Ft. Madison, Ia. Treasurer, Dr. Emory Lanphear, St. Louis, Mo.

Any reputable practician of medicine, who does not publicly announce himself as an exclusive follower of any particular "school" of medicine, and who is recommended by two members of the society, is eligible for membership.

If you are not already a member of the society, you had better send $2.00

One philosopher is absolutely certain that animal food is the cause of half the suffering and wickedness of the world.—Hutchinson.

Another declares that salt is above all things injurious; another condemns pork, another spices.—Hutchinson, *McClure's*.

to Dr. Emory Lanphear, 3870 Delmar Ave., at once. If you do not promptly receive a program advise us at once and we will see that you are supplied.

THE THERAPEUTIC INDICATIONS OF SRYCHNINE.

I just mention the well-known general indications of strychnine and wish to give some results obtained in neuralgias and in infantile bronchopneumonia.

In the small doses of our granules, strychnine is of course the best of bitters and has a tonic stimulant action, with a diuretic one that is not often thought of. In large doses it acts upon the bulbospinal center and increases its excito-motor action.

From this one may deduce an important indication—weak or moderate doses in digestive troubles and large doses in nervous diseases. The larger doses give an exaggeration of the reflexes that can be easily seen or found in time to stop them, or we may continue to the effect wanted, thus giving a sort of barometer to gauge our doses, following the dosimetric rule to give a drug up to the effect wanted.

Taking the case of a neurasthenic patient, and wanting to cure his asthenic symptoms we give him at first a regular pill of strychnine and said to take one of them three times daily—our old and fool directions. This had no effect and a change was made to dosimetric granules "to effect" and when it was obtained the case was cured.

The drug is all right; it is the method of giving it that had to be changed!

The late Professor Trousseau, wrote once in regard to a case of infantile chorea he was treating: "Commence with small doses and watch the action for two days, but push the drug to physiological effect and tell the parents what you are doing."

Then when the patient feels a little stiff in the neck and the jaw and a half-hour afterwards has a slight headache and perhaps a little trouble with sight, or perhaps will complain of itching of the head and even an eruption of the skin—look out! If the drug is then increased and continued he may get convulsive movements from it or perhaps painful spasms when he moves or gets up. This will go off if you keep him in bed.

The physician should not be frightened by those symptoms—they represent the physiological effect he is trying to produce. He must also remember that they vary in different persons and in the same person at different times.

In all the diseases of the central nervous system, long before the advent of the dosimetric system, Trousseau and Bretonneau got wonderful results in desperate cases of paralysis from softening of the brain—from the lesions and the inflammatory cases as well—of the brain and medulla. They used the same treatment with success in paralysis from lead poisoning, diphtheria, measles, mercury and alcohol poisoning: also the same in facial paralysis and that of the vocal chords and the anal sphincter, as well as paralysis of the intestines, causing a profound constipation. Dr. Burney Yeo of London always gives large doses of strychnine in cases of constipation in elderly people, when he says it is caused by inertia of the bowels that is almost a paralysis.

One dietetic Rousseau proclaims a return to first principles by abolition of cooking.—Hutchinson, in *McClure's Magazine*.

Another attacks the harmless and blushing tomato: while Mrs. Rorer has gently to be restrained when mild-eyed potato is mentioned.

Vulpian recommended it in cases of weakness of muscular strength that followed medullary loss. In atonic dyspepsia in old people experience proves that strychnine gives splendid results, as it does in all the debilities of these patients. As to dipsomaniacs it is a classical fact that many are to be cured by pushing it to physiological effect. Vide the "gold cure."

But we do not wish to repeat what is already so well known to your readers, but rather to call attention to some new ideas for the use of strychnine. Different writers in France have tried it in cases of neuralgia—such as sciaticas—which could not be reached in any other way. As a rule hypodermic injections were made use of, as nearly as possible half way between the ischial tuberosity and the great trochanter.

The doses used were 0.0005 to 0.002 Gm., and an effort was made to reach the nerve itself just where it comes out of the pelvic cavity. With this method an instantanous cure was obtained in a number of cases. In some cases the pain seemed to move to other parts of the nerve's tract and it was followed there by other injections, about the knee or ankle as it happened, with nearly always success. Here the injections were made in the muscular structure. In only one in a hundred was any general trouble developed and that was only a temporary trembling of the hands.

Now in infantile bronchopneumonia in babies of five to six months, when the symptoms were of a most serious nature, we have been able to make a success after injections of quinine and all sorts of other treatment was done. In one case artificial serum and injections of camphor were resorted to, with no effect when the inferior base of the lungs was almost solid, and yet strychnine pulled the patient through. Only one quarter of a milligram dose was used.

Therefore in such cases if the granules or a solution of them is pushed in time it should succeed. These infants seem to need the strychnine excitation of the repiratory muscles in order to enable them to throw off the exudates in the alveolæ of the bronchial tubes.

Following up the same idea in tuberculosis in weak cases where the patients cannot throw off the sputum, and also in cases of bronchorrhea and chronic bronchial catarrh, large doses of strychnine have given good results, pushed to some physiological effect.

THOMAS LINN.

Nice, France.

TWO VERY INTERESTING CASES OF HYSTEROID CONVULSIONS.

I was called a short time since to see a girl of eighteen years who had been suffering with convulsions for forty-eight hours. When I arrived I found her with clonic convulsions requiring four men to restrain her. The history I received when I arrived was as follows:

She had been having the convulsions for forty-eight hours; they would last four hours, then for four hours she would be apparently well, except very weak. During the convulsions she would try to bite the bedding, herself or her attendants; would bite the spoon when trying to give her medicine, in fact looked dangerous to manipulate.

One man preaches the gospel of dignified simplicity on one meal a day and one clean collar a week.—Hutchinson.

Fletcher declares that if we masticate long enough we can dine sumptuously on a menu card and a wafer biscuit.—Hutchinson.

She would arch herself back and hold her breath for half a minute. At first I thought she would certainly die before I could give her anything.

History from family: No constipation, catamenia normal, no *affaire d'amour*, had had gonorrhea one year since. I examined the patient and found her with a hysteritis and salpingitis. The colpitis had been subdued by the attending physician. The entire abdominal viscera seemed to be sensitive to pressure.

Treatment.—First gave chloroform until patient was quiet, then prescribed valerianated ammonia with potassium bromide, also assafetida for nerves, santonin and extract colocynth compound followed by a saline for intestinal parasites and to clean out the alimentary canal. Dilated the cervix uteri, irrigated the uterus and curetted. Placed a fly blister over the tubes and uterus to relieve internal engorgement. Also did a venesection to relieve the cerebral congestion. The effect of this treatment was to get rid of worms, clean the bowels, in fact to relieve the patient in every particular.

Now comes the most interesting part. This patient had another convulsion next day which was very light, requiring but two attendants to restrain her (a man and a woman) but in her effort to bite herself or someone else she got hold of the woman, biting her on the hand. This case, number two, did not seem to be alarmed about it but that night while sitting on a chair she fell off and began biting at the floor and tried to get hold of those in the room. Two or three strong men got hold of her and tied her. I saw her next day at ten a. m., found her just like case number one, except there was no gonorrheal involvement, but the convulsions were practically the same. She said her whole arm was giving her much pain. There was no lymphatic involvement, no swelling, no glandular involvement and I presume no pain. I put her on a similar treatment except santonin, used a solution of bichloride of mercury on hand and told her she would have no further trouble. They are both now well. I report these cases that they may be a help to others.

W. H. Hannum.

Levels, W. Va.

WHAT AUTOINFECTION WILL DO?

A man, age 57, weight 200 pounds, height 65 1-2 inches, of sedentary habits but a hard literary worker. For some months his abdomen had been enlarging and his attention had been repeatedly called to it; but engrossed in his work he had paid no attention to the matter, supposing it simply an increase in fat. He ate full meals and nibbled between; without appetite, drinking water freely, little coffee, no alcohol or tobacco. The evidences of autotoxemia present, as later acknowledged, were, morning bad breath, rheumatic twinges in a shoulder injured years before, a feeling of debility, anorexia, and pruritus ani which, occurring always after a passage, was evidently due to direct irritation by the discharge.

Tuesday, Feb. 6, about 6 a. m. began pains in the left abdomen, middle of descending colon, gradually settling down to a heavy, persistent, insistent, barely-endurable anguish, with paroxy-

Instinct superior to reason: Sausage and buckwheat cakes with maple syrup and strong coffee have carried white men around world.

We are "steam engines in breeches," of moderate range of power, economical in fuel, with great adaptability.—Hutchinson.

sms of unendurable agony that brought cold sweat out freely, rendering the sufferer, temporarily almost pulseless from shock. These pains were somewhat relieved by glonoin, gr. 1-250, but by nothing else (opiates contraindicated of course), hot water bottles making scarcely any impression on the suffering. Five enemas were taken, the water flowing in without difficulty, two quarts at one time, coming away as taken. Three ounce-doses of castor oil failed to move the bowels. The suffering continued till 4:25, when it subsided completely. A prolonged examination with inflations caused fatigue but not much pain. An enema of coal oil 3 pints, brought away a great amount of fecal matter. Some pain the following night was relieved by the water bottles.

The following week was consumed in emptying the bowel by castor oil and colonic flushing with hyoscyamine to relax tensioned areas and strychnine to support the spastic,) the last mass breaking up and discharging on the 13th. This evidently contained specially toxic matter as its liquefaction was attended by an outbreak of intensely itching erythema over the back, and the outer aspect of the arms, with fulness and aching of the head, and anal pruritus after passages, which had ceased for some days before. Tenderness remained in the descending colon until, after a severe paroxysm of pain developed by deep palpation in the region of the left kidney, a free discharge of urine occurred, and the pains disappeared for good. During this period the diet consisted of a cup of soup alternated with one of fruit juice, every three hours—absolutely nothing else; and this satisfied appetite and under it the strength revived. An abdominal bandage of flannel was applied and worn with comfort and benefit, the distention subsiding daily. No nausea occurred at any time.

And this after eminent surgical diagnosis of carcinoma and what not, therapeutic suggestions being passed over with the remark that "it might do him no harm," but that operation and the usual result was unquestionably inevitable.

W. C. Abbott.

Chicago, Ill.

SOME MORE THERAPEUTIC POINTERS.

Whenever you have a case of bronchitis (especially if the patient is a child) keep a small vessel of water boiling in the room and drop therein every two hours thirty drops each of turpentine and ol. eucalyptus. Even more effective is sanitas oil. In severe cases cover vessel and child with a sheet thus forming a tent to confine vapor.

Sneezing, hiccough and even asthmatic attacks may be instantly controlled with a few whiffs of chloroform; obstinate sneezing by spraying nares with a 1-2000 solution of adrenalin chloride.

In spasmodic retention of urine due to stricture, lobelin, gr. 1-234, every ten minutes, after atropine, gr. 1-250, in a little hot water. Dissolve gr. 1-67 lobelin in twenty drops of hot water and inject into the deep urethra.

George H. Candler.

Chicago, Ill.

Given our age, sex, horse-power and the work to be done, the suitable fuel is only a question of cost and accessibility.

No evidence to support the notion that "spices heat the blood:" really they are valuable intestinal antiseptics.—Hutchinson.

AMONG THE BOOKS

ASHTON'S GYNECOLOGY.

A Text-Book of the Practice of Gynecology, by Professor W. Easterly Ashton, M. D., LL.D., of the Medico-Chirurgical College of Philadelphia. This has passed through two editions in six months. Before we had time to review the first edition we became so well acquainted with it and so highly appreciated it that in our October CLINIC of 1905 we gave footnotes from it on pages 1000 to 1015, deeming Ashton's sayings in this book worthy to be urged upon our readers. Our extended review of the first edition was lost unfortunately in our great fire in November. There is of course, very little difference between the two editions. We will not enter upon comparisons between this and the other well-written text-books on Gynecology but this we will say, that whatever the other excellent books neglected for one and another reason this book is supplying. The author seems to have been bent on giving to student and practician not a *multum in parvo* but *multa in multis*, and not assuming anything in this medical branch as known to the reader he gives detailed instructions from A to Z, and succeeds well.

We are told it is the best selling book on the subject at present. Publishers, W. B. Saunders Company, Philadelphia, 1906. $6.50.

ADLER'S SPIRITUAL ATTITUDE TOWARD OLD AGE.

The Spiritual Attitude Toward Old Age, by Felix Adler, Leader of the New York Society for Ethical Culture.

This pamphlet is a lecture delivered at Carnegie Hall after the appearance of Dr. Osler's "Counsels and Ideals." Great men make great mistakes, and these mistakes do not diminish their human greatness, nor do their greatness diminish the falseness of their mistakes. Adler handles Dr. Osler's forty years dictum analytically and shows correctly that Osler's synthesis labors under the unconscious defect of a personal equation. The pamphlet can be had free of charge by asking or writing for it to the New York Society of Ethical Culture, 33 Central Park, West, New York, N. Y.

APPLETON'S "CLINICAL-MEDICINE" SERIES.

Diseases of Metabolism and of the Blood, Animal Parasites and Toxicology.

This is the second and an excellent volume of Appleton's new series of "Modern Clinical Medicine," the first of which on "Infectious Diseases" we had the pleasure of noticing in our October, 1905, CLINIC. In the providential economy of the spiritual forces of humanity German savants take the lead in thinking, Frenchmen in matters of taste, and Anglo-Saxons in making both practically useful. And so we have a most valuable collection of medical monographs from "Die Deutsche Klinic." We cannot serve our readers better than in giving here a list of the subjects treated of in this volume. (1) The Quantitative Analysis of the Disturbances of Metabolism. (2) Overnutrition and Undernutrition. (3)

Diabetes Mellitus and Insipidus. (4) Gout. (5) Obesity. (6) Myxedema and Organotherapy. (7) Addison's Disease. (8) Acromegalia. (9) Chronic Articular Rheumatism. (10) Pentosuria. (11) Blood and Blood Examination. (12) The Anemias. (13) Chlorosis. (14) Leukemia and Pseudoleukemia. (15) Hemorrhagic Diathesis. (16) Animal Parasites of Man. (17) Poisons and Their Treatment.

All of these are treated of by Germans who stand first in the specialties named, who, moreover, stand far from deserving the name of medical nihilists, and who speak as real, active, hopeful therapists. We do not think there is a progressive physician who will not find the solution of some questions in his mind concerning one or another of the subjects mentioned above as far as presently known. The editor, Dr. John C. Cabot of Harvard University, adds here and there valuable information. The translator, Dr. J. L. Salinger did his onorous task well. He says that in anticipation of the fact that many points will be searched for in this volume, he added an index to it. While we wonder how he could "anticipate a fact," we thank him for the useful index.

Publishers, D. Appleton & Company, New York and London, 1906. $5.

KOPLIK'S DISEASES OF INFANCY AND CHILDHOOD.

The Diseases of Infancy and Childhood, by Henry Koplik, M. D., second thoroughly revised and enlarged edition, well and abundantly illustrated, is just what it is designed for, viz., "for the use of students and practicians of medicine." It is thorough and comprehensive, avoids mere minute and scientifically-alone intertesting details, but does not stint to give them when the scientific is necessary for the practice. The young doctor will do well to have the volume near him for reference and the old practician will conveniently find in it whatever has been added to our knowledge in pediatry up to date. The make-up of the book is in the ever acceptable style of its publishers, Lea Brothers & Co., New York and Philadelphia, 1906. $5.00.

BRUBAKER'S PHYSIOLOGY.

Human Physiology. A Text-Book by Albert P. Brubaker, A. M., M. D., Professor of Physiology in the Jefferson Medical College, second revised and enlarged edition, 1905. In our review of the first edition (ALKALOIDAL CLINIC, 1904, p. 988) we recommended the work to the busy practician who is anxious to be up-to-date in physiology. This second edition will serve the same purpose to date.

Publishers, P. Blakiston's Son & Co., Philadelphia, $4.

THOMAS' PRACTICE OF MEDICINE.

The Eclectic Practice of Medicine, by Rolla L. Thomas, M. S., M. D., Professor in the Eclectic Medical Institute.

The signature of permanency is progressive improvement. We who are old enough remember when eclecticism was synonymous with herbism and anti-calomelism. But of all the original peculiarities, "specific medication" alone is left to distinguish it from the old and

Spices simply whip up appetite for unneeded things and cover taste of spoiling meats; hence they are blamed.—Hutchinson.

Extraordinary appetite for spices in tropics an instinct based upon appreciation of their genuine value.—Hutchinson.

never-aging, regular school of practice. And that specific medication refers in good part also to the "whole-plant" idea, with all its variety of and often contrary "active principles." But we do not quarrel with it on that score, and gratefully remember the many plant remedies that school has given us, and the strides it has made in the progress toward specifics, whether for a complex of symptoms under one name, or as the author of this book prefers to call it, "for a pathological condition."

We heartily recommend this excellent book to alkalometrists and all other progressive physicians. The sciences and arts of healing have not yet been concluded, ended, shut up. There is much yet for every one of us to learn, to choose, to "eclect," to select from all sources, and this book is an eminent one. The eclectic literature should be followed more closely by physicians of *all schools.*

Publishers, The Scudder Bros. Co., Cincinnati, Ohio, 1906. $6.00.

FANTUS' PRESCRIPTION-WRITING.

Prescription-Writing and Pharmacy. A Text-Book by Bernard Fantus, M. D., second edition, thoroughly revised and adapted to the Eighth (1905) edition of the United States Pharmacopeia. Publishers, Chicago Medical Book Company, Chicago, 1906. $3.

We have examined the book before us and are impressed with its eminent adaptability, not only for the medical student for whom it is designed, but also for many practising physicians, whose pharmaceutical training during their medical school days was but perfunctory or nil. And now they are at the bedside of their patients, and, dear me! Every time they have to write a prescription the question of dosage and the number of doses, and the compatibilities and the Latin endings and the many other things connected with this written talisman recur again and again. It is devoutly to be desired that a course in pharmacy such as is laid out in this book, just enough for medical students, should be given in our schools. But while this may remain but a pious desire, a physician may be benefited by taking an autocourse in this book by himself, and I think he will thank us for the advice. The book certainly enters a field which is not cultivated nearly enough. We hope it may have a wide circulation.

NYSTROM'S "SEXUAL LIFE."

The Natural Laws of Sexual Life, is a work written in Swedish by Dr. Anton Nystrom of Stockholm, and translated by Carl Sandzen, A. M., Ph.D., of the Kansas University.

The book contains some very useful and necessary material in the study of sexual life, and these could be utilized well enough without the author's anti-theologism, imprudent, impudent and undiscriminating assertion of unchastity of all celibate men and women. This is right down mean and vulgar. The author takes the position that sexual abstinence is impossible without either occasional infraction of it, or injuring one's health. He asserts that thousands die for lack of sexual gratification. He does not seem to know anything about that healthy, long-lived, hard-working, peace-

Use of spices for embalming by Egyptians shows antiseptic powers; mustard used by surgeon to sterilize hands.—W. H.

The Jewish taboo of pork is purely ceremonial and has no hygienic basis; Jews probably eat more fat than Gentiles.—W. H.

ful people called Shakers. We do not belittle the mountain-weight pressure of the unsolved sexual problem, which impedes the progress of humanity in all its departments of life. It is easy enough to find fault, but it is wiser to find the true cause of the fault. What we said refers particularly to the first half of the book, for in the second half or third of it the author seems to recover his comity to his Christian fellow men and women.

The translation leaves much to be desired. We repeat, there is excellent material in the book, and the publishers should avail themselves of it for a revised second edition.

Publishers, The Burton Company, Kansas City, Mo. 1906. $2.

BUTLER'S MATERIA MEDICA.

A Text-book of Materia Medica, Therapeutics and Pharmacology, by George F. Butler, Ph. G., M. D., is out in an entirely "remodelled, rewritten, and reset" fifth edition, by Smith Ely Jelliffe, M. D., Ph. D., Professor of the subject in Columbia University (College of Physicians and Surgeons), New York.

The new cast of this well-known book is very acceptable in its arrangement for study and reference, having as it does the remedies grouped according to the predominant action upon one and another system of the organs of the human body. And barring unavoidable exceptions, which we always have to remember, the arrangement is better than an alphabetical one for memory and reference. That it is up to date and to the new Pharmacopeia (1905) goes without saying, when the old favorite name of Butler and the new acceptable name of Jelliffe are connected with the book. But it is to be regretted that in one and a very important point it is equally up to date in the often copied and repeated and unfounded tradition about aconitine, especially the amorphous, which has done eminently beneficent service to humanity for the last forty or more years in France, Belgium and the United States of America. We have a right to expect from such an one as Professor Jelliffe that he would give us the latest from authorities, on aconitine, such as G. Arnd's Neues Arzneimittel, 2te Auflage, August, 1905, who while he says that aconitine is extremely poisonous, says without hesitation that it is given internally in neuralgia, rheumatism, gout, pleurisy, pneumonia, pericarditis and nervous odontalgia in 0.0003 Gm. *pro dosi,* 0.0006 Gm. *pro die.* The same author gives also the amorphous aconitine, as much less poisonous than the crystalline in 0.001 Gm. doses and gradually rising. Or if Professor Jelliffe had consulted the Enzyklopaedie der Praktischen Medizin of Drs. Schnirer of Vienna, Austria, and Prof. H. Vierordt of Tubingen he would have found that while aconitine is rarely given in Germany, where it is not official, and the aconite root alone is registered, it is really administered in other lands.

Let me call the reader's attention to a Gleaning article in this issue of the JOURNAL, on Aconitine, from a high impartial French authority.

And when the reader should ask, why do authors in speaking of aconitine give such unfounded monitions, let him listen to echo—*Tradition!*

Pork is the slowest but also one of the surest foods to give off all its energy to the body.—Hutchinson.

I have seen more cases of dyspepsia cured by the use of breakfast bacon than by any drug or restricted diet.—Hutchinson.

CONDENSED QUERIES ANSWERED

PLEASE NOTE.

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report the results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

QUERIES

QUERY 5022:—"Impotence." Family history negative. Male; eighteen and one-half years old; does not smoke, chew or drink alcoholics. Has had no diseases except those of childhood. When ten years old he masturbated considerably for about a year, quit it for about a year, and practised it for about three years, and claims not to have practised it since that time. Denies history of gonorrhea or syphilis. He has had no sexual desire for three years now. Never had coitus. Present condition: Fairly strong, appetite good; bowels regular; sleeps well; no nocturnal emissions; beard scanty; prostate normal; urine of high sp. gr. and contained a trace of albumin at one time, but is normal in amount. Patient complains of dribbling after urination and sometimes of scalding sensation; is nervous, somewhat depressed in spirits, and worries because he has no sexual desire.

Treatment: General tonics and tonic aphrodisiacs and mental assurance. What would you suggest?

A. F. Z., California.

In this case you will have to improve the man's general health. Examine the prostate and if you can use the endoscope, you will most likely find the *caput gallinaginis* and surrounding parts of urethra red and shiny, indicating inflammatory conditions. The ejaculatory ducts will be noted patulous and "pouting" and a certain amount of vesiculitis surely exists. From the history given this is a true case of debility due to continued irritation during the period of development and great care will be necessary to cure the case. First and foremost give confidence; send him away if possible where he will be kept physically active among men in the open air. Tell him to keep his mind off himself and the other sex for one year and all will be well. For one month pass cold steel sounds three times a week; have the parts bathed with cold water night and morning and watch urine, keeping it normal. The use of the psychophore would help as will galvanism and the injection into the deep urethra of bovinine one part, sol. boracic acid (20 per cent), one part. Slit a narrow meatus; dilate sphincter ani and remove any hemorrhoids—if they exist. Keep the bowel open.—ED.

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QUERY 5023:—"Obstruction of Bowel?" Would like diagnosis in the following case: Male, age six months, weight 22 pounds. Very fleshy, has never had a day's sickness until present illness. When called, I found patient very restless, tossing to and fro and crying out occasionally. Kidneys regular. Bowels constipated and distended, tenderness on pressure in umbilical region. Tongue coated, temperature 101° F. Treatment: Sponged fever down, gave 1-10 grain calomel every hour till tongue cleared, following with oil. Patient appeared better after bowels moved. This being a malarial district, I put patient on quinine sulphate, gr. 1 every three hours, this to be continued till my return next morning. Also had turpentine stupes applied to bowels until better. Was

called again next morning at 4:30. Found patient very restless, breathing very rapid, full bounding pulse. Temperature 106° F. Bowels distended very much and very tender. No action from bowels during night. Treatment: sponged patient, gave specific tincture aconite, not having aconitine at hand, but failed to reduce fever. Gave repeated enemas with very poor results. Within one hour fever had gone from 104° to 107° F. Patient had one light convulsion just before death, which was at 8:00 a. m. same morning. Am very anxious for diagnosis, if I have given sufficient data.

W. I. P., Kentucky.

It is unfortunate that you do not give us any of the prior history here: Food used, nature of birth, health of parents, etc. The nature of stool secured is not mentioned, neither do you mention the passage of urine. Any vomiting? The enemas were of course of the usual nature, not high? See article by Dr. Candler in December issue of the CLINIC on "The Importance of the High Enema." Let us urge you to secure one of the instruments therein described; *we* would'nt practise without it. There was probably in this case either intussusception, volvulus (with gangrene) or impaction. In most of these cases, however, there is vomiting and passage of bloody or mucous stools (or masses). Acute peritonitis is likely to occur in children and the symptoms you describe are present: Abdomen hard, high fever and collapse (or final convulsion). Of course impaction or invagination my cause peritonitis. So also may the rupture of a syphilitic ulcer or an abscess. The prior health of the child precludes enteritis with acute termination. Trauma of course you have excluded? A post mortem would probably reveal obstruction; infection via the umbilicus would have occurred earlier. Is there any history of tuberculosis?—ED.

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QUERY 5024:—"Cystitis, Prostatorrhea or Diabetes Insipidus?" Patient is a male, 19 years old, looks healthy, height 5 ft. 7 inches; weight 151 pounds. No loss in weight since beginning of disease seven months ago, or at least no more than a pound or two. Seven months ago the patient contracted gonorrhea. Pronounced "cured" two months later. About time of contraction urination became frequent. Three months ago urination became serious, he passing two to four ounces every twenty to thirty minutes during the day and frequently during the night. Urine also passes during sleep without patient's knowing it. There is slight backache, no physical weakness; patient can walk or ride without becoming tired. Pain on pressure over kidneys. Very good appetite, constant thirst. Patient feels well. Patient claims that three months ago there was albumin in urine; at present urine is colorless, specific gravity, 1010, contains apparent shreds of mucus, no pus or albumin, reaction neutral, no odor. Chronic constipation.. Patient does no labor. I am at a loss as to the disease. Have thought there may be irritation of bladder, and yet it looks very much like diabetes insipidus.

W. J. B., Michigan.

The first thing to do is find out what those shreds of mucus mean. Are they not gonorrheal? Better have the urine tested by the two glass method. Save the first two ounces passed after sleep (longest period), then let him urinate and pass the final two ounces into another vial. Send to us marking "No 1" and "No. 2". Examine the deep urethra with the cold steel sound and also the prostate. See if there is any tenderness

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An alimentary canal which cannot digest bacon or ham should be braced up; educated to take what is given it without a fuss.

Indigestible residue is absolutely needed to stimulate lower bowel; we need "hay" just like horses.—Hutchinson.

over bladder. This may be cystitis. The pain over kidneys, the large quantity of urine and thirst, with low sp. gr., are, however, suspicious. How about the bowel—constipated? Test for exaggerated knee jerk. Give this boy ergotin, gr. 1-3, codeine, gr. 1-67, every three hours while awake, and two triple arsenates with nuclein after meals. After four days change to the diabetes (nervous) formula, one granule four times daily and in four days return to the first medication. Add now strychnine nitrate, one granule, and reduce the arsenates to one after food. Give the boy a dry nutritious diet and all the weak lemonade or orange-juice water he wants; buttermilk also. Improve general tone with salt baths, massage, exercises, etc.—Ed.

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Query 5025:—"Intestinal Atony and Fermentative Conditions." I would like a little information in regard to the action of saline laxative. The majority of my patients after using it for constipation complain of flatulency to such an extent that it caused much distress. It was always taken in the morning on an empty stomach, sometimes in hot water, then again in cold. About six weeks ago, I concluded to give it a personal trial. My digestion is medium, no distress in stomach or bowels, but bowels are sluggish although they act every day. I have never been troubled with inaction of the liver. I commenced taking the laxative in one teaspoonful doses, dissolved in one glass of cold water one hour before breakfast. Bowels acted at noon, but there was a great deal of gas and very offensive. I continued this treatment for one week; the result was, I was bloated all the time and whenever the gas would escape, the odor would nearly take your hat off. I concluded the medicine did not act quick enough, so the next week doubled the dose and took it in hot water. The bowels would act within one hour, and occasionally again in the afternoon. The gas and odor was the same as during the preceding week. Without a doubt it is all due to my ignorance, hence the reason for writing. All of my patients have complained the same way. I wish further to state that three days after I discontinued its use the flatulency and odor disappeared. Why? If you will kindly give me a little more light on the method of administration, it will be appreciated.

E. S. W., Michigan.

We can quite understand such a condition as you describe existing in an individual, but, when it comes to "*all* the patients" presenting similar symptoms we confess ourselves puzzled. We have given eff. mag. sulph. for years and it is being given, as you know, by thousands of physicians by the ton and a report of this kind reaches us perhaps three times a year. Now, Doctor, the odor you speak of and the gaseous condition proves very conclusively that there is (or was) something "rotten in Denmark," and we would strongly suggest that you exhibit five to ten grains of the triple sulphocarbolates an hour after meals, crushing the tablet and giving with a little hot water. Continue the treatment, say, for a week. At the same time take about an hour before meals for the same period strychnine (or brucine), gr. 1-67, juglandin two granules and hydrastin, gr. 1-6. This to improve innervation and tone the muscular walls and mucous coat of the bowel. If saline laxative is taken by a patient who has fecal concretions anywhere in an atonic, sacculated intestinal tract it may cause the fluid part of the stools to be evacuated and after these have passed the gas may be dammed back of the concretion

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What would an army, an exploring party, a lumber camp or a harvest field be without bacon.—Hutchinson, *McClure's.*

Vegetarianism is a matter of creed, not of logic; its adherents really object to foods which involve taking life.—W. H.

and cause trouble. In every case of this kind we would feel inclined to give two or three good doses of blue mass and soda, say, one grain with podophyllin gr. 1-6. Repeat every hour for four doses at night, then give the saline the next morning to sweep out the canal and twenty-four hours later we would give a high enema of hot saline solution, passing the tube well up into the transverse colon. With an empty normally-acting intestine, flatulence is practically impossible and certainly could not be caused by the exhibition of magnesium sulphate. Just try these suggestions and note the results.—Ed.

[Shortly after writing the above we received the following letter from our correspondent who, it seems, began to think for himself—as alkalometrists do—and the result proves the absolute correctness of our views. The moral is obvious; apply it, doctor.—Ed.]

Since writing you, I commenced to do a little thinking, and concluded that in my own case, where there was odor, there must be something to cause it, so I took six doses of podophyllin, gr. 1-6, and calomel gr. 1-6. The next morning I took two heaping teaspoonfuls of the saline in one cup of hot water, and in about one hour there *was* something doing! I am pleased to inform you that the results were beyond my most sanguine expectations and I am feeling fine. Why I did not clean out before was that I did not think it necessary because my bowels acted every day; but now I am convinced there was an accumulation of feces that had existed for several days and maybe weeks. I have done likewise by the others and good results followed!

Another instance where poor judgment was displayed: I led you to infer that this was the case with all of my patients. I wish to modify that statement somewhat. I have just commenced to use the laxative in cases that are not constipated, every morning or every other morning, thinking it would stimulate the action of the kidneys as well as the glands of the digestive tract. There were only two besides myself and the effect I wrote you about was the result. I am sorry I caused you so much trouble, but often times we learn by making mistakes. I thank you sincerely for the suggestions. I am using the alkaloids every day and to say I am very much pleased with their action is expressing it mildly.

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Query 5026:—"Overdosage of Lecithin Impossible." I desire to ask if there is any danger of overstimulating the brain by the use of lecithin. I have a stubborn case of long standing neurasthenia with anemia and mucous membrane trouble, also such other weaknesses as accompany impairment of the nervous system. The patient often complains of dizziness, pricking of the brain and often of a feeling of "a band around his head." He suffers much from insomnia, of course, as is usually the case in such conditions. Is there any danger to the brain in a long continued use of lecithin? It seems to be working wonders so far.

S. H. B., Ohio.

To the best of our knowledge there can be no possible danger of overstimulation with lecithin. The system will only assimilate such nutritive matter as is required. The selective capacity of the cell has been fully proven. The sensations you describe make us inclined to fear beginning tabes. Make a very careful examination and report findings. Of course, Doctor, you should keep up free elimination and add small doses of strychnine or brucine to lecithin with, probably, cactin, one granule three times a day.—Ed.

The Anti-sport, Anti-vivisection, Anti-fish-hook ladies are more or less devout vegetarians.—Woods Hutchinson.

With vegetarianism as a creed we have no quarrel; but when it parades as science—we respectfully protest.—W. H.

QUERY 5027:—"Active Principle of Water-Cress." "An Open-air Dressing."

1. I want to make an active preparation of water-cress, how shall I proceed?

2. I am experimenting with an open-air dressing which I hope will revolutionize the treatment of wounds on certain portions of the body such as the head, face, hands, etc. Will let you know results later.

M. T. F., Missouri.

1. We shall take an immense interest in your procedures. We have for many years prescribed water-cress constantly, and in fact urged continually the use of this and other green plant foods. There is unquestionably an alterative and glandular stimulative action in water-cress. It also seems to us to have a decided diuretic effect. There is only one thing for you to do. First and foremost you must make a concentrated extract by the usual methods and then proceed by the regular ways to extract any active principles which may exist. You will have to work along with the expressed juice, alcoholic percolates, acetic acid percolates and aqueous extracts until you find out just which plan proves most effective. Make a concentrated infusion, Doctor, and if you care to send any of your products to us, we will have our chemist criticize and test them. Of course you have the regular manuals and working textbooks and know how to proceed to make the fluid extracts, etc.?

2. "Open-air Dressings" for wounds is a matter of importance and interest and we shall be pleased to hear from you as to your progress from time to time. By the way, have you tested, or have you seen the latest method of treating wounds? Cleanse thoroughly, and apply a piece of glass smeared with carbolized oil. Pack absorbent cotton around the edges to absorb any discharges and bandage to hold in place, not covering the center of the glass however. The wound can be seen at all times and the glass never adheres. Dressings can be removed painlessly and promptly and light seems to have a beneficial action upon the wound. Pus rarely forms and granulations spring up very quickly. The writer has only had an opportunity to try this once on an open wound of the hand and it worked splendidly. Of course the danger lies in having glass tied to a pateint in case of falls or accidents, and as soon as possible we are going to make a test with mica.—ED.

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QUERY 5028:—"Arteriosclerosis." I am 74 and one-half years old; 6 ft. 2 in. tall; and weight 159 lbs. Have suffered from a mitral lesion for fifty years (no dropsy) and the last ten years I have been more comfortable from this than before. Seems like my heart is more nearly normal than before. Constant murmur and occasional palpitation, and sometimes arhythmia is present.

Have for years had an indigestion that kept a distress about the sigmoid up towards the navel. This is better now: I think cascara and some of the alkaloids helped this. Stubbornly constipated most of the time. I am not a meat eater and not ravenous at any time. I am using saline cathartics freely. Urine about normal. While a chronic (intestinal) dyspeptic, I have not been subject to "bilious spells" with nausea and vomiting. Milk and eggs certainly disagree with me.

A few weeks since I awoke in the night with nausea and great dizziness. For forty-eight hours I was greatly distressed with sick stomach, retching and some vomiting, but what worried me was my "dizziness." At times I seemed to be "going out"—I didn't faint— but a "lid" seemed to cover, compress and

No jot of evidence to support the contention that there is any advantage or superiority in vegetable diet.—Hutchinson.

There is a surprising dislike for meats among tuberculous patients; in animal world tuberculosis rare among meat eaters.

smother my brain until I became for a few instants unconscious. I called a physician and took some treatment and am almost myself again, *except*—and this is my complaint to you: *a tendency to repeated spells of a "mussy" feeling at the base and occiput of the brain.* This is rather new to me and is referred to "arteriosclerosis."

Do you think that is the cause of my light spells of numb feeling in the rear part of the brain? I can't call them dizziness—but approaching that. If it is probable that a man in my fix has that condition of arteries pronounced, why was it not noticeable until I had my spell? And what would you advise as treatment to help retard the process in the arterial coats? Kindly advise me as to the probable cause and best treatment (if any) to modify and delay a more dangerous condition.

J. P. O., Indiana.

It is quite evident that your condition is due to cardiac debility, together with the natural failure of elasticity in the vessel walls. At seventy-four few men can hope to escape such symptoms entirely. However, much can be done to nurse the heart and tone the muscular coats of vessels; if at the same time you see to it that effete matter is not formed more rapidly than it can be eliminated—relieving the failing kidneys from undue strain—and take care to supply the system with such reparative material as it can take care of, you may yet have many years of comfort and usefulness. Here, roughly, is our idea. First and foremost, doctor, *keep the skin active;* every other day at least bathe from head to foot with a solution of magnesium sulphate one ounce to the pint; use this at body-heat and follow the bath with a good rough toweling. Take the first thing on rising half a glass of hot water in which drop a level teaspoonful of saline; *before* your meals take cactin, brucine and hydrastin, of each one; after eating, papayotin gr. 1-6. We suggest that you eat only red meats, well cooked vegetables, cereals and nutritious soups, fruit, cooked or natural, grated apples, etc. Three times a day a teaspoonful of beef-juice squeezed from steak. It is well to take this between meals—at bedtime and *early* in forenoon if wakeful. Drink barley water (with fruit juice added) freely (avoid hard water) substituting this hot for tea and coffee as much as possible and taking it cold when thirsty. Once you get the knack of making it, it is one of the nicest things imaginable. If you find the cactin, brucine, etc., insufficient to maintain normal heart conditions, try convallamarin or sparteine. You will find that cactin with either of these will work beautifully, the former nourishing the heart muscle. The brucine improves innervation and hydrastin acts first as a direct tonic to the gastric mucosa and second exerts a most pronounced systemic effect.

Try this method for two weeks and note results. If you can get buttermilk, drink it, at first in small quantities, then in larger amounts.—Ed.

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Query 5029:—"Retained Secundines; Sepsis." On the 15th day of February, I was called to see a lady who was confined eight days prior. She was attended by an old lady who is called a "grand woman" [not a *granny?*—Ed.] in confinement. I asked the nurse if she had removed all the afterbirth. She replied she had. I examined the patient and saw that there was some septic trouble going on. The nurse said it could not be possible. I removed a number of chunks from the cavity of the uterus. I will say the temperature was

Breakfast food fad born of humble and highly respectable parentage—Scotch oatmeal.—Woods Hutchinson.

Oatmeal has some value as food but little to compare with its capacity to stir up fermentation and putrefaction.—W. H.

104°, respiration 100, dry and coated tongue. I put her on calomel and podophyllin, gr. 1-6 each, gave one teaspoonful of saline in a little hot water. Then I put her on dosimetric trinity, one granule every fifteen minutes for eight doses, then one every three hours; and echinacea every two hours. She made an uneventful recovery; in one week she was able to sit in her rocking chair. Did I do right?

W. A. S., Pennsylvania.

We would have been inclined to wash out the uterus with a creolin solution and would have exhibited a sharp purgative followed by saline and, to get rid of bacteria, would have exhibited calcium sulphide, gr. 1-6, echinacea one tablet every hour for twenty-four hours. Nuclein also hypodermically. These cases are too dangerous to take chances on. Your use of the trinity was perfectly proper but echinacea alone might have proved too slow to combat the toxic processes present.—Ed.

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Query 5030:—"Syphilitic Paralysis." A young man who a few years ago contracted syphilis and who, notwithstanding urgent advice, has been quite negligent with his treatment except when he in some way suffered, as acute headache, etc., is now affected in the spine. Just before Christmas he suffered intensely in region of the trapezius and deltoid, but still did not stay away from business and now pains are about gone; but there is now quite a depreciated condition of both sensory and motor activity in the hand and arm. There is otherwise a full control of all the body but the weak arm and a little weakness in the lower extremities. He sleeps well, eats well, etc. There is *no* ptosis, Argyll-Robertson pupil, girdle sensation, double vision, optic disturbance, nor difficulty to stand with feet together and eyes closed. There is no pain nor sensitiveness along cord, except slightly at point where scapulae approximate closest. Is there likelihood of restoring the paralytic tendency in his arm to a normal state? The patient stands near to me and I am intensely anxious about his case. I have finally put him at absolute rest and on a red meat diet and rubs with tepid saline water along spine twice a day, and I intend to have him stretch the cord by daily bending exercise and slapping along spine.

The medical treatment is: Nuclein, three tablets (dissolved in water), lecithin one every three hours, two phosphorus and strychnine compound granules every four hours, gr. 15 potassium iodide after meals and the inunction of Credé's ointment on the spine twice a day. Today I put two flying blisters on the spine. I did give him potassium iodide up to gr. 35, t. i. d., with mercury inunction for some time, but now I give only potassium iodide, gr. 15 and Credé ointment instead of mercury. I did also give him calcidin, gr. 2, every four hours, at one time. Could I give mercury inunction simultaneously with the Credé ointment and should I drop potassium iodide for the powerful absorbent treatment or for echinacea with calcidin? How long can I keep him on strychnine and phosphorus? Would it be well to drop it for the triple arsenates? It is hard for me to part with the strych. and phos. comp. as I cured one case of typical locomotor ataxia who was completely paralyzed, so that he walked as well as ever, with this and nuclein. Are heat and cold to spine to be commended and electricity (yet)? Please tell me if I can substitute in the above or add anything to advantage. As far as general measures are concerned, I have adopted proper means to keep his body and general health up to the highest notch in the way of studied diet, etc.

C. W. H., Illinois.

Your treatment of the case of syphilitic degeneration is all right: let us suggest however that you use a solution of magnesium sulphate in place of the sodium

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These be the virtues of the cereals; they are cheap, easily swallowed, nutritive—and come from Scotland and are orthodox!

A vague impression that cereals are cooling to the blood and the impulses—and free from that diabolical quality—"richness."

chloride—one ounce to the pint; use it hot and rub briskly with a rough towel. The ungt. Credé is uncalled for as you have no germ invasion or pus. The antisyphilitic tablet alternated with calx iodata one week and arsenic iodide the next (after each meal, one tablet) will prove effective. For other medication the strychnine and phosphorus granule one week and triple arsenates with nuclein the next, using the latter the week calx iodata is given; two after meals. Of course potassium iodide is dropped altogether. Other measures as stated. Heat, not cold to spine, and mild faradization with brush. Give fresh beef juice three times a day—about one dram. —Ed.

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Query 5031: —"Cephalalgia; Uricacidemic and Uterine Reflex."

1. Mrs. B., age 42, Norwegian, weight 170 pounds, mother of eleven children; family history negative; has always been healthy with exception of a headache which has troubled her for the last eight years. First attacks came at end of menstrual periods. Last two years occur at that time and also at different periods of month. Is never nauseated and does not seem to me to be a case of migraine. Attacks last usually half the day, sometimes a few hours, sometimes all day. Usually appear at definite time of day and that more often in early morning hours, as 4 a. m. Feels very weak after each attack. Pain usually begins in occipital region. Dull aching in character and quite severe, sometimes assuming a congestive and throbbing character. Complains of pain at times in lower lumbar and sacral region; frequent urination, especially at night, having to get up eight or ten times. I have examined, chemically, a sample at each office visit and find nothing abnormal except its being a little too acid and about a gallon in twenty-four hours. Specific gravity 1015. She has what she calls "rheumatic pains" at times in different parts of body. Physical examination negative; local examination revealed lacerated and hypertrophied cervix. Small uterus, at times an offensive watery discharge, no menstrual difficulties.

Examined eyes under homatropine and found no refractive error. Has good appetite. Bowels have always been very regular. Sleep is good only when urine disturbs her. She is not a nervous or hysterical woman and has always worked hard. Can you suggest a line of treatment for her and do you think this a case for migraine? My treatment has been briefly, as follows: Fl. ext. cannabis indica, gtt. 1 to 2; fl. ext. gelsemium, gtt. 5 to 10, three times a day. Migraine tablet to take when symptoms appear. This treatment improved the urinary symptom till it is now about normal: the migraine tablets will usually abort attacks. Restricted diet and ordered plenty of water drunk. Headache is considerably improved but attacks continue to appear every few days only not so severe. Within the past two weeks have been giving her "osteopathic" treatments to neck which has done her more good than anything else. I also gave her a tablet composed of salicylate of lithium, macrotin, phytolaccin and colchicine.

L. L. H., Wisconsin.

You probably have in this case a "uricacidemic headache." The laceration of cervix is of course to be considered but while this may prove a source of irritation the general conditions bespeak uric acid retention. The fact that gelsemium and cannabis relieve the pain might also lead to the supposition that this was a reflex pelvic pain, but this combination will relieve any congestive headache. We have found that where uricacidemia is present, ovarian, uterine and other reflex cephalalgias are fre-

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It is essential in all cases of malarial fever to clean out and keep clean the whole intestinal tract; I prefer calomel.—Buck.

Applications of dried powdered alum cure every case of ingrowing nail within five days. Poultice a day first.

quent; with free elimination they cease. Of course age has something to do with the metabolic disturbance and you may safely consider the climacteric as having commenced. Here are our suggestions: lithium carbonate two-grain tablets (or one calcium carbonate comp. tablet) three times a day for a week, then potassium permanganate, gr. 1-4, four times a day for another week, with saline every morning throughout. Give, morning, noon and night, one pill of helenin, gr. 1-12, viburnin gr. 1-12, dioscorein, gr. 1-6, gelsemin, gr. 1-250; avenin, gr. 1-6; scutellarin, gr. 1-12; and, if the attack occurs, give small repeated doses of veratrine till the pulse is soft and apply to occiput, nape of neck and temporal region a cloth wrung out of hot solution made thus: aqua cinnamoni, dr. 2; magnesium sulph., oz. 1; aqua bullientis, O 1. The same over ovarian area. Relief will be prompt. A few nightly doses of the aloin, atropine and cascara comp. pill will also be desirable for the next few months; say twice a week, give one at bedtime. —Ed.

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Query 5032:—"Syphilitic Iritis?" I have a patient with syphilitic iritis. Eyes stick together at night, itchy through day and seems as though cold wind were blowing on them—also has ulcers of ears and throat. He is an aged man. What can I do for his eyes?

J. J. R., Missouri.

This does not quite sound like syphilitic iritis. There would be, in this disease, severe pain, photophobia and injection of vessels surrounding the cornea. But if the trouble be syphilitic, place this man promptly upon the antisyphilitic formula (mercury protoiodide, gr. 1-12; stillingin, gr. 1-3; sodium ars., gr. 1-67; iron ars., gr. 1-134; quinine ars., gr. 1-34; nuclein gtt. 5) with calcium sulphide; for one week give one antisyphilitic granule four times daily and 1-6 grain of calcium sulphide every two hours while awake. The next week give calcium iodized one every three hours. Then return to first-named medication. If there is a true iritis use hot water compresses constantly for a day or two; to two ounces of hot water add one dram of sulphate of magnesium. Keep this solution as hot as is tolerable and continue to soak compresses in it and reapply to the eye every few minutes. If there is iritis drop into the eye three times a day two drops of the following solution: atropine sulphate, one grain, water four drams. You will find an excellent local application (to prevent the lids from becoming gummed together, etc.) to be carbenzol 1-2 dram, acid carbolic two drops, lanolin and vaselin, of each 1-2 ounce; mix thoroughly and apply with a spatula to the eyelids, morning and night. First cleanse thoroughly with boric acid solution, 10 grains to the ounce.—Ed.

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Query 5033:—"Chloasma." What is the best preparation for liver spots?

E. A. P., Ohio.

We do not quite grasp your wishes. There is no particular preparation for removing "liver spots," chloasma being caused by varying conditions. However, when due to distinct hepatic derangement you will find the following treatment usually of service: Calomel and iridin one tablet, podophyllin one every hour from 7 to 10 p. m. every third night, a saline draught the next morning before breakfast and chionanthin three granules after each meal. On the days the night medication is not exhibited give calomel, leptandrin and iridin (gr.

The art of medicine has materially declined and fallen into neglect during the last half century.—Sir Dyce Duckworth.

Fresh violet leaves contain a glucoside, viola-quercitron, that may be extracted by alcohol.

1-6 each) before the two principal meals. Touch the affected part with lemon juice twice daily. If this is not successful, Doctor, make a careful examination of the patient, outline clinical conditions and we may be able to make more definite suggestions.—Ed.

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Query 5034:—"Pityriasis Rubra." I enclose a photograph of a very bad case of dermatitis exfoliativa. It has been going on for six months and I have tried everything externally and internally. There is no specific taint nor any sugar in the urine. If you can make any suggestions they will be gladly received. The kidneys and bowels are active and appetite good.

J., Pennsylvania.

This is not a common disease in this country and, unfortunately, is not well understood. Crocker and Stelwagon both devote several pages to its consideration, the first-named writer looking upon the disease as allied to psoriasis. The two leading types are the large scale or "Wilson type" and the small or "Hebra variety." Either may be primary or secondary; the latter is however rare as a primary disease and is often fatal when it is. In the first variety, previously healthy subjects have suddenly developed hyperemia—localized usually, gradually spreading—with more or less malaise, some rise of temperature and a general feeling of debility. In some cases high fever has been noted. Rheumatism is often the *causa causans*. Sore throat may exist and the dermal symptoms may disappear, leaving a chronic laryngitis, this as suddenly leaving as a second attack of dermatitis develops. Psoriasis, eczema, or a general folliculitis may exist primarily. Glandular enlargement is not common and nutritional disorders are almost always existant. In the second variety the hyperemia is moderate usually and the skin covered with powdery scales. The lower limbs may present a venous tint.

The scales are constantly renewed and shed. There is a gradual loss of strength and anemia is apt to become pronounced. Itching may or may not be a feature and in some cases the skin thickens and a slight moisture exudes. Ulceration over the prominences is not uncommon—in such cases the prognosis is very poor. Many cases are unquestionably tubercular; in fact, it is a question whether the severe forms of the disease are not tubercular in origin. In one series of twenty-seven cases eight died from phthisis.

The course of the disease varies. It may come on and cover the body within a week and last for months or years, ending as Crocker says only with life. It may destroy the patient within a year. The majority of cases occur between forty and sixty, but infants have been attacked. The disease is not parasitic but due to metabolic disorder. Psoriasis differs in presenting a silvery scale; the latter disease is never universal. Ichthyosis is closely allied but in pityriasis rubra we do not have the peculiar scaling and marking of the thickened skin.

Treatment must be local and constitutional. Perhaps the best thing is to wrap the patient in cloths soaked with calamine liniment, or carbenzol one part, albolene six to eight parts. Wash well first with a solution of magnesium sulphate—one ounce to the pint. A liniment of lead lactate or the glycerite of subacetate of lead are recommended. In

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Gerard reports benefit from pilocarpine hypos in beriberi, with edema and dysentery—all were benefited.—*Jour. Trop. Med.*

I might have been classed as a therapeutic nihilist until I began to dispense and study drug effects.—Clark, *Retail Druggist.*

one case the writer got the best results from goose-grease with eucalyptol—gtt. 10 to the ounce. Clean out the bowel, then give iridin, stillingin and rumicin in full doses between meals and the triple arsenates with nuclein after meals for one week, then one granule of arsenic sulphide for one week. Alternate thus for a month. Olive oil or other oils with papayotin are needed if weight is lost, and nutritious food easy of assimilation always called for. The patient must be kept to the house—even to bed at first. Diuretics are usually needed. Very small doses of pilocarpine will help. Look for the cause, Doctor—it's there somewhere.—Ed.

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Query 5035:—"Cholelithiasis." "Colloidal Silver in Metritis." I have a case of gallstones; relieved the attacks of colic with hypodermics of morphine and atropine when really severe, then gave hyoscyamine and strychnine arsenate to sustain effect. Also gave calomel and podophyllin, olive oil, sodium phosphate and am now giving sodium succinate and bilein with strychnine arsenate, gr. 1-67. Patient is now easy, no history of any stones passing. Patient is weak; anorexia and indigestion are present; at times some pain in epigastrium. Have you anything to add to the treatment? What is the difference between sodium phosphate and the succinate?

Is unguentum Credé efficacious in metritis and perimetritis due to infection?

R. C. S., Missouri.

You will find sodium succinate and boldine the most efficacious remedies in this case. They should be given, however, for months in order to effect a cure. Sodium succinate is a distinct solvent of gallstones, derived from sodium and succinic acid. Sodium phosphate is made by digesting bone ash with sulphuric acid; sodium carbonate is added to the filtrate and this is evaporated. The action of the two is entirely dissimilar.

Unguentum Credé is useful in *all* cases of infection and pus formation, it being a strong systemic antiseptic and bactericide. In supposedly "infected cases" of gallstones do not forget the internal administration of calcium sulphide.—Ed.

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Query 5036:—"The Proper Use of Aconitine." I beg to ask you to help me out of trouble. On several occasions I have had an opportunity to try aconitine, where the temperature ran above 102° F., and I have used it according to the aconitine rule, but without any reduction of the temperature. What is the matter with my use of this drug that I do not get results? I have tried it in measles, tonsillitis and in typhoid fever without any results at all. If the results can be had that I see reported in the Clinical Medicine, I want them. So far I have not been able to get them.

M. U. S., Pennsylvania.

The mere exhibition of aconitine is not sufficient in septic conditions of the system or where there is profound invasion; the first step necessary being to clean out the bowels, preventing further absorption of toxic material and then to stimulate glandular activity. For instance, in measles, tonsillitis and typhoid fever the very first procedure is to give small doses of calomel and podophyllin (or other similar eliminants) followed with a saline to flush the digestive tract and stimulate diuresis, and to exhibit at three-hour intervals, subsequent to moving the bowels, the sulphocarbolates, thus rendering the digestive tract as nearly aseptic as is possible.

Every firm has some specialties which no other house seems able to more than imitate, though they try to produce the same.—Clark.

I had to give five times the dose of hyoscyamine granules made by an old established house as of those made by another firm.—Clark.

If, from the first, we have exhibited aconitine or other indicated antipyretic the fever will promptly fall. There is no "aconitine rule" for the enlightened and experienced physician; such rules being formulated and expounded for the novice chiefly. The thing is to give the smallest effective dose at repeated intervals until you *do* get either physiological or remedial action. The writer does not hesitate to give a granule of aconitine to a year-old child, repeating the dose or half that quantity in half an hour and again in half an hour, then giving smaller doses at hour intervals until temperature falls. Adults may take the granule half-hourly, or hourly, until there is marked tingling of the fauces or reduction of temperature, but to exhibit aconitine while the bowel contains fermentative and toxic material is useless. Nose, mouth and throat should also be washed out with an alkaline antiseptic and the skin sponged with warm salt solution. You will find in the May issue of CLINICAL MEDICINE an article by Dr. Candler upon the treatment of scarlet fever. The next article (in this number) outlines the treatment of measles, whooping cough and mumps. You should read these articles, Doctor, and paste them in a scrap book for future reference.—ED.

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QUERY 5037:—"Dosage of Cicutine in Vesical Spasm." I wish to ask you a few questions in regard to the dosage of certain of the alkaloids. How much cicutine hydrobromide would it be safe to give hypodermatically at one time to a stout adult in a case of spasm of the bladder and prostatic involvement when used alone? The spasm comes on so rapidly that there is no time to wait for frequent small doses, but sufficient must be given at once of something and so far we have used only morphine (from 3-8 to 1-2 grain hypodermatically) and specific gelsemium twenty to twenty-five drops (per os), but do not like to use too much morphine and would like to substitute something else if possible. We have of course looked to the urine and kept it of proper reaction.

H. K., Missouri.

Cicutine hydrobromide, gr. 1-67, has, when given hypodermatically, caused some unpleasant symptoms, such as vertigo and "weakness of legs;" the same patient took double that amount another time without any trouble. Perhaps gr. 1-67 would be the safest dose to use first. If there is no appreciable result, repeat. This drug is always equally active but affects patients differently. Renal secretions are increased by it. Cicutine hydrobromide alone should be used hypodermatically. Cicutine proper is a liquid. One drop on the tongue has produced serious symptoms. The hydrobromide is the one preparation of Conium maculatum with which definite results are obtained. Gr. 2-67 to 3-67 has been thrown into cancerous tissue without injury and the writer has given the first-named amount two or three times with only good results. May we suggest that you try here full doses of cypripedin, scutellarin and hyoscyamine—say three each of the former and one of the latter three times daily?

Now, as to the prostatic trouble: Are you familiar with the immense benefits which follow the use of the adrenalin chloride in suppository or glycero-aqueous solution? This together with iodoform or ichthyol and papain will bring about speedy and marked shrink-

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How we ever get results from drugs from such uncertain sources can only be because the Lord is good to the Irish.—Clark.

The Lord pity the pneumonia patient who falls into the hands of a doctor who does not believe in treatment.—Clark, *Retail Drug.*

age. Have you tried conium suppositories—Ed.

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Query 5038:—"The Physiological Action of Nuclein." I have been using nuclein solution for thirty days, daily dose ten minims (counting fifteen drops as ten minims) in a case of pulmonary tuberculosis. I believe I am getting some results from its use and will continue it for some time, but I would like to know what to look for if I should give too large a dose. What are the physiological effects of a large or continued large dosage? Now any fool can ask questions, but I will find this out if I have to give the whole bottle!

R. M. T., Arizona.

You will, perhaps, find a little drumming in the ears and flushing of the face with a feeling of fulness in the neck should you give an "overdose" of nuclein. This is very unlikely, however, Doctor, as the system refuses to absorb more nuclein than it can utilize. Of course in some deranged conditions the action of nuclein is quite evident, but this is unusual in acute infectious diseases with marked temperature. You will find this mentioned in the literature. You must bear in mind that the physiological action of nuclein is well understood, but the amount required to cause distinct symptoms of overdosage cannot be stated. It is the amount absorbed which acts and the system under varying conditions absorbs various amounts of nuclein. It is not like a toxic drug. We have given personally, a dram of nuclein solution without noting anything except a slight increase in pulse rate and almost imperceptible rise of temperature. On the other hand ten minims, given every three hours, has produced distinct flushing of the face and some increase of temperature, and patient in the meantime complaining of a sense of fulness in the carotids. There is no necessity, Doctor, for giving more than ten minims of nuclein solution two or three times daily. In the more desperate conditions where it is essential to increase phagocytic action markedly this quantity will do the work, but it is best then to give it hypodermically.—Ed.

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Query 5039:—"An Unusual Case; Diagnosis Required." Mrs. B., age 47, mother of five boys and one girl, all living and well. Family history: Father died of heart disease at the age of 61; mother living and well, age 70; five brothers all in good health; three sisters—one living and two dead; one died from complication following la grippe, the other died from some trouble not definitely known, connected with menopause.

The patient has always been in pretty good health up to last July, with the exception of attacks that were called by attending physician malaria on one or two occasions. In July, 1905, she was taken with fainting spells, chilliness, followed by clammy sweating. In August she was taken with some pains closely resembling labor pains. The uterus was considerably enlarged but she had menses every two weeks for two or three months previous to this time. A doctor was called in and pronounced her in labor. Water broke and about six pints came away, but nothing else. Another doctor was called in consultation at this time and found great enlargement of womb and right ovary, but nothing to indicate an abortion or premature birth. He ordered hot douches and some other treatment which reduced the uterus to its normal size. After using the douches for some time pieces of shell-like substance would come away. There were several of these about the size of a fingernail.

The therapeutic agnostics in the profession today are every one prescription writers.—Clark, *Reg. Med. Visitor.*

Dispensing my drugs I only had 7 1-2 per cent of business last year to be collected at its end.—Clark, *Retail Druggist.*

Since then she has had almost every day a cold feeling—not like a chill—followed by a clammy sweat with sharp cutting pains in different parts of the body. At the seat of pain there appear under the skin small, dark particles like the sample enclosed. These can be rubbed out and have a sharp feeling to them. I have rubbed several of them out myself, so know it is no fake. One or two in enclosed sample you will see are quite black and free, others are reddish and rolled up with epidermal cells. If you look carefully you can find a scale in each separate piece. From three or four to thirty or forty will come out of one place, leaving the spot sore for a day or so. Heart, lungs, digestive system, urinary system all in good condition. Do these black scales come from the uterus or are they formed by breaking down of the blood or what are they? This is a new experience for me as, so far as I remember, I have never heard nor read of such a case before. Can you or any of your readers give me any light on the subject? Menses are now regular—every four weeks.

By way of treatment, I have cleaned out, given calx iodata as an alterative, strychnine sulphate and syr. hypophosphites as a tonic.

A. F. W., New York.

We would ask our readers to carefully consider the symptoms present here and venture a diagnosis. If similar conditions have been observed we trust a full report of the case, with its termination, will be furnished. Later we will give our own views as to the nature of the disease.—Ed.

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Query 5040:—"The Eclectic and Alkaloids." "The Question of Dosage." Are these the so-called "eclectic alkaloids?" I want to ask you especially in regard to hyoscyamine. I notice that the granule used has a very small dosage, 1-250 grain. I am accustomed to give much larger doses of this drug.

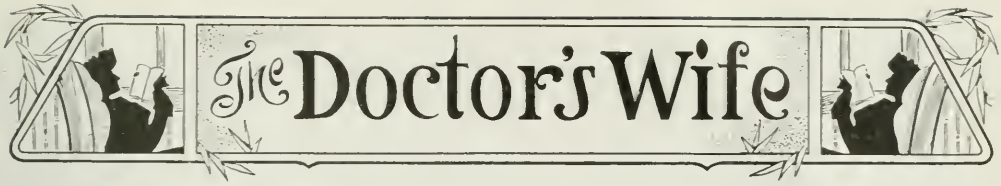
E. L. D., Indiana.

An alkaloid is an *alkaloid,* Doctor, and can hardly be termed "eclectic." The eclectics are prone to use single remedies in the form of specific tinctures, believing this to be the most efficacious form of medication. Of late many are dropping fluids, however, and using in their place the alkaloids, glucosides, resinoids and other active principles. If any tincture or fluid extract has therapeutic activity it must be due to the amount of active principle it contains and as several plants contain from two to fourteen different active principles some of which are synergistic, others antagonistic, it is quite apparent that the results we may obtain from the exhibition of a given sample of any fluid preparation are problematical—depending entirely upon the predominating active principle. If we want to get *positive* results let us give the small dose of the active principle itself! Then if we treat pathologic conditions instead of "named diseases" we are really accomplishing something definite.

Hyoscyamine *can* be used in large doses but, if you can get equally good results from small doses, why give the larger, and, Doctor, "A" may respond to gr. 1-250 while it may require three such doses to affect "B" and "C." If, however, you based your idea of dosage on experience gained with "B" and "C" and gave "A" the larger quantity of the drug, you would be likely to have unpleasant symptoms. There can be no set maximum dose, susceptibility of the individual varying so widely. Therefore the "small dose repeated at intervals to effect" is the only rational method of medication.—Ed.

J. T. Johnson predicts a bright future for pelvic massage in the yet unconquered field of uterine displacements.—*Va. Med. Semi.-Mo.*

O. M. Rhodes treated successfully camphor poisoning with glonoin and strychnine, emptying the stomach.—*Ill. Med. Jour.*



JUST AN INVITATION.

This department belongs exclusively to The Doctor's Wife—also "his sisters, his cousins and his aunts," and sweethearts, too. This month the editor makes his bow—and retires as gracefully as he can. Hereafter no "mere man" shall appear in this department except by the consent of the Sisters. The Department is theirs to write and theirs to edit. Send in your contributions, your favorite clippings, your choicest verse. Let every doctor's wife speak for herself—as she is bound to do anyhow! Tell us how to help the doctor, how to make his home more happy, his work more successful. Every one of you will want to know how the other does it.

So, dear Sisters, we turn the Department over to you. Its success or its failure will depend upon the interest *you* take in it.

THE DOCTOR'S WIFE—AN APPRECIATION.

When after many transmigrations the dross has been burned away and the gold of a human soul can be purified no further, the good Lord puts the finishing touches on by sending that soul to earth once more as a Doctor's Wife. She is then ready to take her place as a fully-equipped angel among the heavenly choir. Meanwhile the fortunate husband is allowed a realizing taste of the coming joys of his future home.

There is nothing too good to be said of the doctor's wife, for the best we may say is far behind her true worth. Not one of us but would long since have fallen into our graves had it not been for her constant watchfulness over us. The bright moments that have illumed our paths, the rare glimpses we have been permitted of the pleasures of life, have all come with her—in fact they *are* her. The comforts of our homes, the satisfactory upbringing of our children, the economy and business thrift that keep us even with the world, the haven of rest to which our eyes, hearts and weary feet turn instinctively with relief when, work done, we face toward *home,* all begin and end with *her.*

That all? Scarcely a beginning. How many of us depend on the wife to read the journals and keep us posted? How many of those quick scintillations of wit, those brilliant intuitions of diagnosis and applications of treatment come to us from the wife?

A big Irishman, being initiated into a secret society, was asked in whom he put his trust in time of need? Of course he was expected to piously respond—in *God;* but the truthful man instantly replied—in the old woman! A wild yell of appreciation followed, and the long-continued applause nearly broke up the proceedings.

Good man! Not a man there but felt he had spoken truth.

But, Doctor, you must not be selfish. Many a time there are thoughts burning at her lips for utterance, and no appreciative listeners. She wants a chance to improve and develop her ideas by communion with her sisters. Sorority

is far better developed than fraternity, and women more readily contribute their knowledge to the common fund of the sisterhood. We doff our hats and respectfully ask that we may be honored by permission to convey to the sisters the messages each of their number may wish to communicate. Cast thy bread upon the waters, ["and expect pie in return," says, at this point, our lady proofreader —who is something more than a "mere" woman, and having long since cut her wisdom teeth, knows something about doctors and other "mere" men.—ED.] Who knows where the seed may be carried, in what grateful heart it may germinate and bear rich fruit?

BE STRONG!

Be strong!
We are not here to play,—to dream, to drift.
We have hard work to do and loads to lift.
Shun not the struggle—face it: 'tis God's gift.

Be strong!
Say not the days are evil. Who's to blame?
And fold the hands and acquiesce—O shame!
Stand up, speak out, and bravely, in God's name.

Be strong!
It matters not how deep intrenched the wrong,
How hard the battle goes, the day how long;
Faint not—fight on! Tomorrow comes the song.

—*Maltbie D. Babcock, D. D.*

LET US SMILE.

The thing that goes the farthest towards making life worth while,
That costs the least and does the most, is just a pleasant smile,
The smile that bubbles from a heart that loves its fellow-men
Will drive away the cloud of gloom and coax the sun again,
It's full of worth and goodness, too, with manly kindness blent—
It's worth a million dollars, and doesn't cost a cent.

There is no room for sadness when we see a cheery smile;
It always has the same good look—it's never out of style—
It nerves us on to try again when failure makes us blue;
The dimples of encouragement are good for me and you.
It pays a higher interest for it is merely lent—
It's worth a million dollars, and doesn't cost a cent.

A smile comes very easy—you can wrinkle up with cheer
A hundred times before you can squeeze out a soggy tear.
It ripples out, moreover, to the heartstrings that will tug,
And always leaves an echo that is very like a hug.
So, smile away. Folks understand what by a smile is meant,
It's worth a million dollars, and doesn't cost a cent.

—*Baltimore American.*

I AM YOUR WIFE.

Oh, let me lay my head tonight upon your breast,
And close my eyes against the light, I fain would rest,
I'm weary and the world looks sad; this worldly strife
Turns me to you; and, oh, I'm glad to be your wife!
Though friends may fail or turn aside, yet I have you
And in your love I may abide, for you are true—
My only solace in each grief and in despair,
Your tenderness is my relief; it soothes each care.
If joys of life could alienate this poor weak heart
From yours, then may no pleasure great enough to part
Our sympathies fall to my lot. I'd e'er remain
Bereft of friends, though true or not, just to retain
Your true regard, your presence bright, through care and strife,
And, oh! I thank my God tonight, I am your wife!

—*Selected.*

In amaurotic family idiocy I think the theory of lecithin paucity is worth serious consideration.—Cotton, *Ill. Med. Jour.*

An explosion of drugs at Michael Reese Hospital set fire to the building. They were not alkaloidal granules.

Akaralgia A Remedy for MIGRAINE

FORMULA

Sodium Sulphate	30 grains	Magnesium Sulphate	50 grains
Sodium Salicylate, Merrell (from natural Wintergreen Oil)	10 grains	Lithium Benzoate	5 grains
		Tincture Nux Vomica	6 minims

AKARALGIA IN MIGRAINE

Treatment of the auto-intoxication by elimination. Unloading the portal circulation and eliminating the poisons through the intestinal canal.

This prescription has been employed in the successful treatment of migraine by a prominent specialist for over ten years. The ingredients of the formula are all well-known remedies. Their purity and palatable combination makes it possible to administer a single daily dose of medicine over a long period of time—frequently several months—without producing the slightest disgust.

Some have said that this is impossible with sodium salicylate, but this salt is our well-known oil of wintergreen product and does not contain the slightest trace of poisons characteristic of the synthetic, made from carbolic acid.

Dr. Wilcox says: "The action of the salicylates ineliminating uric acid explains their usefulness in migraine which is incontestable."

NO ACETANILID IN MIGRAINE---WHY?

The originator of the Akaralgia formula discussing the preventive treatment of migraine refers to acetanilid for the most part to condemn. He says: "Since patients suffering from so chronic a disease attended with so much pain may, to their injury, prefer to resort to these remedies (coal-tar products) for relief during the attack rather than take the trouble to follow the preventive treatment, there is little doubt that many migrainous patients are assisted on the road to chronic invalidism and neurasthenia by the frequent use of headache powders (acetanilid). These powerful headache remedies, if taken in large doses at short intervals, weaken the heart and destroy red blood corpuscles, and thus, by interfering with elimination, increase the auto-intoxication from which the patient suffers.

In the treatment of chronic migraine give one dose (bottle cap) daily, one-half hour before breakfast, which is sufficient in ordinary cases to produce a slight laxative effect. In acute attacks one dose every two or three hours until relieved. Carried in stock by prescription pharmacists throughout the United States.

THE WM. S. MERRELL CHEMICAL CO.

NEW YORK CINCINNATI SAN FRANCISCO

PUBLISHERS' DEPARTMENT

WHAT WE GOT IN FRISCO.

The above is what is left of the Phelan Building, Frisco, in which was located our chief western branch.

We are, however, re-established in temporary quarters at 1361 Franklin St., Oakland, where the wants of our coast friends accustomed to buy at Frisco will be supplied.

At this point, at 314 Pacific Block, Seattle, and through the trade at Los Angeles (specifically through the Off Drug Co., who are fully in stock) we trust that your needs will be promptly supplied and our rapidly growing Pacific Coast trade be well provided for. In case of failure, and at all times, the Home Office is at your service.

THE ABBOTT ALKALOIDAL CO.,

Chicago.

THE PROPRIETARY FORMULA QUESTION.

Every doctor has a perfect right to and should know the essential drug-ingredients (both as to quality and quantity) of the preparations that he uses in his practice, and no advertisement of an essentially important remedy for internal use will hereafter appear in THE AMERICAN JOURNAL OF CLINICAL MEDICINE unless we are satisfied that a satisfactory formula has been furnished (preferably but not necessarily with each appearance of the advertisement) or the advertiser agrees to and does furnish the necessary information to physicians on request.

Our aim is to have the advertising pages of CLINICAL MEDICINE clean and reliable, without any unfairness or inconsistency either to the subscriber or to the reliable straightforward manufacturer, who all sane men agree has a perfect right to protection, and deserves patronage and support as having championed and effected many an important advance in medicinal therapeutics.

Items of interest concerning formulas will appear from time to time in this department. CLINIC readers are invited to join the discussion and to coöperate with us in this important matter of clean, ethical, reliable advertising. If we get "stuck," help us out, but be fair about it—don't job!

THE ANTI-URIC CO. advise that the formula of their preparation "Uric Antagon," is given on the label of each bottle and is composed of the active principles of

Phytolacca Decandra,
Serenoa Serrulata,
Stillingia Sylvatics,
Cimicifuga Racemosa,
Aconitum Napellus.

STRONG, COBB CO., Cleveland, show in their advertisement this issue the formula of their preparation, "Echitone," which is recommended for Eczematous Diseases and Skin.

The thrifty man may be compared to a horn. He receives through the big end and disburses through the little.

We want the privilege of sending to you at our expense

Volume 1 "General Medicine"

and

Volume 2 "General Surgery"

of the Practical Medicine Series 1906 for your examination.

These two books will show you what the series is like. We are confident you will want them all when you have seen these two. See conditional order coupon.

As to the value of this series and care with which it is gotten up we ask you to observe the names of the editorial staff, and consider what these men stand for in the medical world. The merits or demerits of the books depend upon the editors themselves and each special editor's name being placed on the back of his book, the book must stand as either a credit or a discredit to him. With but two or three exceptions the editorial staff is the same to-day as when the series was first established nearly five years ago. This fact alone, when the reputation of the men is taken into consideration is a stronger testimonial to the value of the Practical Medicine Series than anything we could say about it.

The several volumes are issued at about the times mentioned in the list below. Each volume is complete with everything new of importance on the subject of which it treats and is brought right up to date of publication. **The series is well illustrated.** Size of books 12 mo.

THE SERIES 1906.

GENERAL MEDICINE (Section 1). By Frank Billings, M. S. M. D., Professor of Medicine, Rush Medical College, and J. H. Salisbury, A. M., M. D., Professor of Medicine, Chicago Clinical School, Vol. I, 369 pages. Now ready. Price $1.25

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General Editor, GUSTAVUS P. HEAD, M. D.

Above prices for single volumes. Price for the entire series $10.00

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CONDITIONAL ORDER COUPON. **(Cut out and mail to publishers.)**

THE YEAR BOOK PUBLISHERS, 40 Dearborn St., Chicago, Ill.

You may send to me for examination, volumes I and II of the **PRACTICAL MEDICINE SERIES OF YEAR BOOKS, 1906.** If I do not return them in ten days from their receipt you may enter my name on your books as a subscriber to the complete series of ten volumes for which I agree to pay the sum of **$10.00** in payments as follows: **$2.00** in ten days from receipt of volumes I and II and **$1.00** on receipt of each subsequent volume until the series of ten volumes has been delivered. **The return of volumes I and II in ten days countermands this order.**

Express charges on all the books to be prepaid by the Publishers.

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THE FOUR-TRACK NEWS.

If each of the forty thousand doctors who are subscribers to THE AMERICAN JOURNAL OF CLINICAL MEDICINE would subscribe for *The Four-Track News,* and place that beautiful magazine on the table of his waiting-room, so that patients could look it over while they are waiting to see "the doctor," there would be a marked change in the condition of a great many of them.

There are things that are better than medicine, and *The Four-Track News* is one of them.

A word to the wise doctor is better than a volume of proverbs to a man who can't read.

The *Four-Track News* is an illustrated magazine of travel, and the education that comes from travel, and will do you good, whether you ever travel or not. Subscription $1.00 per year.

Address, George H. Daniels, Publisher, 57 East 42nd Street, New York City.

RIGID VERSUS MOVABLE ANKLE IN ARTIFICIAL LIMBS.

Some manufacturers of artificial limbs recommend the rigid ankle and rubber foot to be superior for all amputations.

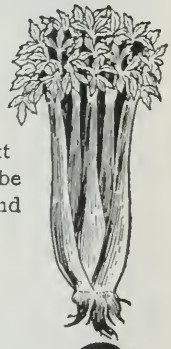
The rigid ankle is conceded by all manufacturers to be practical for amputations through or near the ankle, because of the strain put upon it, causing it to be easily broken. For other amputations it is claimed it is not so practical for the following reasons:—

1. It does not *allow a natural motion* which is desired by the wearer but more of a peg leg effect. In a sitting posture it gives a very awkard appearance when the foot is placed forward, the toe remaining upright.

2. In walking there is an uneven bearing along either the front or back of the stump as the weight falls on either heel or toe when the foot is forward or back. This bearing is distributed so as to become noticeable by the ankle joint which is the center of equilibrium.

3. With the rigid ankle a rubber foot is necessary as a cushion on account of the jar. Rubber is undesirable on account of its weight and weight on the foot of an artificial limb is more noticeable than in any other portion of the limb. The rubber may be replaced if the ankle joint is used with elastic felt which is very light and durable and is used by the E. H. Erickson Artificial Limb Company, Minneapolis, Minn.

First Consideration



The first consideration in the matter of food is nutrition, the next facility of digestion and assimilation. The grains like wheat should be preferred, which are well supplied with the constituents of brain and nerve, cooked in a palatable manner.

DR. PRICE'S
WHEAT FLAKE CELERY
FOOD

is prepared from the whole wheat berry, celery infused and baked twice at a high temperature, so as to render it the best of foods for growing children, invalids, the aged, the brain and muscle working classes.

Palatable—Nutritious—Easy of Digestion and ready to Eat

PRICE CEREAL FOOD CO., Chicago B

Going to Bed Hungry

is a frequent cause of insomnia in some brain workers who have been taught that eating, just before retiring, is unwholesome.

After an evening's hard work, as is often a modern necessity among professional and business men, there is not only a deficit of vital energy and waste of tissue as the physiological result of the work performed, but an excess of blood has been determined to the brain, which is incompatable with sleep. The fulness of the cerebral vessels is accompanied, on the other hand, by a depleted condition of those of the stomach and intestine.

This all tends to make one wakeful—the former because cerebral hyperemia is productive of wakefulness in itself; the latter because the mind recognizes the necessity for replenishing waste through the physiological incentive called appetite.

Under the above well-recognized conditions, a small quanitity of a light, concentrated food before retiring, with true waste-repairing qualities and easy of digestion, will do more to allay the nervous strain following prolonged effort and induce refreshing sleep than any so-called hypnotic or nervine. Besides, the food adds something to the storage-batteries of the individual's nervous system for future effort, while the usual hypnotic simply obtunds sensation in a normal physiological condition.

After a night of exhausting work on the part of the over-worked doctor, for example, the stomach, sharing the general low condition of the good man's vitality, is in no condition to digest many articles of food that the appetite would crave. It is in just such a condition that GRAPE-NUTS is of inestimable value because of its peculiar qualities: it is concentrated; is perfectly soluble; contains energy-restoring and waste-repairing proximate principles; is easy of digestion, and, with good cream, is immensely appetizing.

It is clear from the above considerations that GRAPE-NUTS is an ideal food for exhaustive conditions—neurasthenia, over-work, and convalescence from acute diseases.

Containing, as it does, a large amount of dextrin (the condition of starch or carbohydrates necessary for assimilation), and also protein in large per cent, with a larger proportion of the highly-necessary alkaline phosphates than any other food, it is the best food on the market, in the true sense of the word "food"—"MATERIAL TAKEN INTO THE BODY TO REPAIR WASTE OF TISSUES AND TO PRODUCE ENERGY."

This is one of the questions that is easy of practical demonstration: A package of GRAPE-NUTS will be sent free on application for a personal test as to whether theory, in this instance, is borne out by practice. The results will prove of valuë to any physician.

Postum Cereal Company, Ltd., Battle Creek, Michigan.

WHEN WRITING TO ADVERTISERS PLEASE MENTION THIS JOURNAL.

THE SANITARIUM.

One of the striking developments of medicine in the last few years has been the increase in the number of hospitals and sanitariums. The advantages of institutions of this kind, in the treatment of many diseases are apparent. The best results are only possible where the patient can be directly under the control of the physician, where correct diet, nursing, massage and other adjuncts of medicinal or surgical treatment, which are so important nowadays, are at the command of every patient. In the patient's home in the majority of cases these things are out of the question. The sanitarium and the hospital provide them, even for the poorest.

We are not in favor of sending all patients to a hospital or sanitarium, but there are a certain number of patients who can be treated successfully nowhere else. The sooner the physician realizes this and takes advantage of the institutions which are accessible to him, the better will it be for himself and for his patients.

A few years ago a hospital was only thought of as a place for the poor or as a place to which to go when there was a surgical operation to be performed. As a result it was looked upon with dread and detestation by most patients. And no wonder. But it is different now. The modern sanitarium is a luxurious hotel, supplied with every convenience for the welfare of the patient and with all the comforts of home. His pleasures are consulted as well as his necessities. Every effort is made to make his stay in the institution pleasant as well as profitable.

Doctor, familiarize yourself with sanitarium methods of treatment. Use them, where you can, in your practice. But under no circumstances allow your patients to be without any line of treatment which can conduce to their cure.

THE JACKSON HEALTH RESORT.

Dansville, Livingston County, New York.

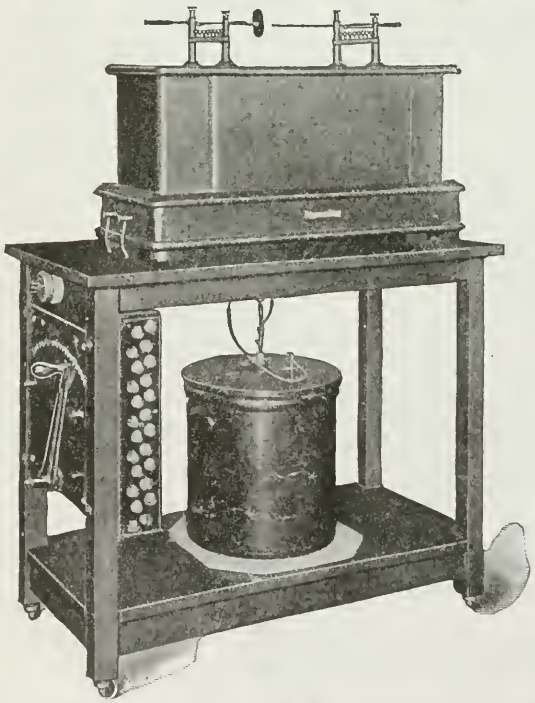
Fifty years of experience in the treatment of chronic diseases. Delightful climate and scenery. Alkaline-calcic water. Superior cuisine. All modern therapeutic agencies and appliances. Magnificent *fireproof brick and iron main structure.* Outdoor life on beautiful grounds or on asphalt roof of main structure. Golf, superb mountain drives. Do not fail to write for illustrated booklet, detailing methods and stating terms. Address, J. Arthur Jackson, M. D., Secretary.

THE EVERETT RESORT.

Hunting, Fishing, Health and Rest. Perfect relief from Hay Fever. Thoroughly excellent table and best equipment in northern wilds. Located on chain of thirty lakes. Unlimited reference. Write for booklet.

E. A. EVERETT.

Eagle River, Vilas Co., Wis.



THE XXX COIL

A Big Money-Maker

Do you know, doctor, that a physician who has this equipment to give X-Ray treatment and to make Radiographs, can easily double his practice in a short while? He is sought both by physicians and patients for miles around.

This cut shows one of our X-Ray Outfits, guaranteed to work satisfactorily and economically on **direct** or **alternating** current. In use in three of the large hospitals in Chicago, and by the most noted practitioners.

We are not in the X-Ray Trust and save you 30 per cent.

Complete set of Dr. Snow's Vacuum Electrodes with universal handle, **$3.50**

NEW TUBE CATALOG

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Send for catalog, and "All about X-Ray Apparatus."

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56 Fifth Ave. - - *CHICAGO*

In the Treatment of

TUBERCULOSIS

Sol. Anti-Phthisis (Lloyd)

has produced such uniformly favorable results that it is now prescribed regularly by physicians who have given it a trial.

Within a short period after beginning treatment there will a be marked decrease, or entire disappearance of the night sweats, the pulse and temperature reduced, the cough markedly relieved, the appetite improved, and nearly always a gain in weight.

This Preparation is Strictly Ethical. Formula on Each Bottle.

Reports from physicians show patients have been greatly benefited, and a few cases are reported "Practically Cured."

Have been using Sol. Anti-Phthisis (Lloyd) in several cases of tuberculosis, the results are beyond conception. In the first and second stages, cough disappears with increase of weight; appetite becomes good with a relish for food. Reduction in temperature and pulse are marked. The third or last stages are greatly benefited.

FORMULA.—Sol. Anti-Phthisis (Lloyd.)

Each fluid ounce contains: Terebenum, 10 m.; Hydracetin, 1-2 gr.; Guaiacolvalerianacetate, 20 grs.; Caffeina Citrata, 20 grs.; Acidum Nitricum, 1-8 gr.; Acidum Chromicum, 1 gr.

Dose—1-4 teaspoonful, to be increased or decreased according to physician's instructions.

Maximum Dose—Highest with safety, two teaspoonfuls three times a day.

The above Formula contains nothing that would be conducive to Cerebral or Cardiac Depression. Put up expressly for the physician's use, under whose advice and care it is to be taken.

NOTE—Hydracetin must not be confounded with Hydrastis and Hydrastinia.

Guaiacolvalerianacetate is a combination of Gualacol Carbonate, Gualacol Ethyl, Valeric Acid and Acetic Acid.

Chromic Acid.—After several years of study and labor we have been able to combine Chromic Acid as well as other Ic Acids, making a safe and sure germicide, which is not harmful and is very efficacious.

Have never seen anything equal it in my forty years of medicine.

You may publish to physicians only, as they should know it.

(Signed) E. H. SKIPWITH, M. D.

Boswell, N. M., April 2nd, 1906.

Having used your Sol. Anti-Phthisis (Lloyd) for the past seven months it gives me great pleasure to report the results; and, therefore, recommend it to the medical profession to be used in pulmonary affliction. The most excellent results can be obtained, especially in early stages.

(Signed) J. N. THRESH, M. D.

Danvers, Ills., April 2nd, 1906.

Literature and 3-oz. sample sent prepaid on request, if mention is made of this Journal.

J. Q. LLOYD CHEMICAL COMPANY

ST. LOUIS, MO.

A NEW LAMP.

The many valuable features of the Habbe Therapeutic Lamp and the varied uses to which it can be applied recommends investigation on the part of the medical profession.

It is described as a scientifically constructed lamp producing a powerful white ray and can be attached to any electric light socket. The globes are of a special design and consume only one ampere of current. The globes are colored red, violet and yellow to meet various indications explained in the new eight-page circular which will be sent free to any physician on request. Address the Habbe Therapeutic Lamp Co., 209 Omaha Building, Chicago.

A COMPLIMENT.

The April issue of CLINICAL MEDICINE has been received and we wish to compliment you on this splendid number. It is certainly a very fine publication. We have received splendid results from our advertising with you and hope we may be able to continue to class CLINICAL MEDICINE with our best mediums.

W. D. ALLISON CO.

COMING TO THE FRONT.

The Randall Grape Juice Co., recently incorporated in Ripley, N. Y., capitalization $200,000, is coming to the front with rapid strides. Located in the center of the grape belt of western New York, their three factories give them excellent facilities for handling their present production and will permit them to handle a still larger business in future years. The business which has come to this company already this year is two-fold that of any past year, which speaks well of the rapid success they are making in the business world.

EXPANDING.

Owing to the rapid growth of the Lyman D. Morse Advertising Agency it has been deemed advisable to make the name more comprehensive. The Agency will be hereafter known as the Morse International Agency. The new offices will be located in the Revillion Bldg., 19 W. 34th St., New York City.

THE DOCTOR'S SMOKE.

Mr. Cameron of J. C. Cameron & Co., cigar makers, is rather dubious as to whether his half-page advertisement in this number of CLINICAL MEDICINE will pay him. Now, Doctor, you can help us and secure a first-class smoke by sending an order to Mr. Cameron. We want more of this class of advertising in CLINICAL MEDICINE, and we will get it if we have the necessary support of our readers.

Properties of Burnham's Clam Bouillon

Booklet for Physicians sent on request.

The remedial action of Burnham's Clam Bouillon is manifested in controlling the most aggravated forms of reflex vomiting of acute gastritis. This result can be accounted for in one way only—viz: through the operation of inorganic compounds. The change is effected through subtle but powerful chemical influences on the hypersensitive peripheral nerves of the stomach. The most stubborn conditions yield as if by magic upon the administration of Burnham's Clam Bouillon.

BOTTLED IN GLASS AND SOLD IN PINTS AND HALF PINTS.
ALL THE LEADING APOTHECARIES AND GROCERS SELL IT.

E. S. BURNHAM CO.,

Manufacturers and Packers
53 to 61 Gansevoort St,, New York

A FEW LEADERS IN
Physicians' Leather Goods

Marshall's Patent

CONVERTIBLE BUGGY CASE SADDLE BAGS

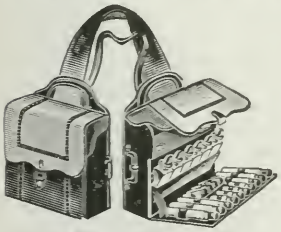
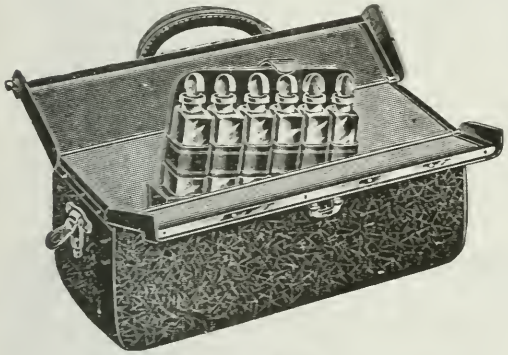


Fig 1 is Fig. 2 in Saddle Bag Form. One side open.

Fig. 2 is Fig. 1 in perfect Hand Case Form, closed

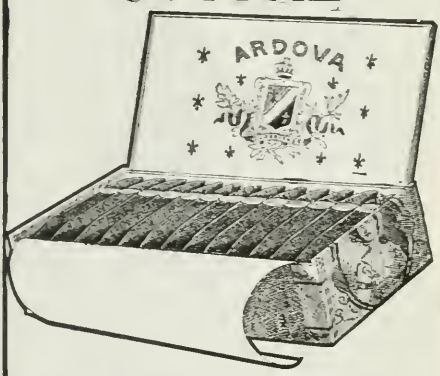


Write for Catalogue showing complete line

Chicago Leather Goods Co.

180-182 Washington St., CHICAGO

THE DOCTOR'S SMOKE



Here is the ideal smoke for the Doctor who travels the long road. Everyone who appreciates a mild, fragrant, easy smoking cigar should have a box of "Ardova" cigars. They are made particularly for the Doctors' use between calls, and after the long, hard day's work. They are genuine 10-cent Havana filled (4½ inches long) with Sumatra wrapper, burning a clear white ash and with an exquisite aroma. By the direct method of selling from factory to customer we eliminate all *jobbers, salesmen and retailers' profits* and thus we are able to offer a most liberal proposition. This is our offer. We will send prepaid to any reader of CLINICAL MEDICINE 50 of our "Ardova" cigars on receipt of $2.50. *If not satisfied after smoking five cigars he may send back the remainder of the box and we will refund the entire* $2.50 *promptly.*

We have to make our cigars so good that they will not only stick when sent out on approval, but that the smoker will come back for more.

We refer by permission to Dr. Candler of Clinical Medicine as to our responsibility and the genuine worth of our cigars. We do not sell cigars on credit, but we do guarantee you perfect satisfaction. Our strictly cash business saves bookkeepers' salaries, clerical work, makes no bad debts, and our customers get the benefit in value.

Order now, using the coupon provided below:

J. C. CAMERON & CO.,
Factory, 1922 First District of Illinois,
1266 E. Ravenswood Park, Chicago, Ill.

Enclosed find $2.50 for which please send me a box of 50 of your "Ardova" Cigars subject to my approval, money back if not satisfied.

Dr.....

Town.....

Date..... State.....

A PRACTICAL CONTRIBUTION.

On the day following the earthquake at San Francisco, Borden's Condensed Milk Company contributed and had under way to the devastated city, from one of their Pacific Coast factories, two carloads of condensed milk and cream, aggregating 50,000 cans, the value of which was more than $5.000. Speaking of milk, the three page illustrated article which appears in the April 26th issue of Leslie's Weekly, relating to the methods employed in the production of the products of Borden's Condensed Milk Co., is a story which one should read who is interested in the problem of pure food.

PACIFIC COAST TOURS.

A new booklet just issued under this title should be in the hands of every physician who expects to make a trip west of the Rockies this year.

It outlines all the routes to the Coast, shows maps of each, contains a large map of the country from the Great Lakes to the Coast and has a great deal of valuable information about side trips, interesting sights, etc.

The booklet is finely printed and handsomely illustrated. Its use will save you the trouble of getting and combining the separate booklets of the many different roads reaching the Pacific.

Your request on a postal, mentioning the name of this JOURNAL, will bring a copy by return mail.

P. S. Eustis, Passenger Traffic Manager.
Chicago.

THE USE OF HOLLOW SUPPOSITORIES.

In certain conditions of the stomach it is very essential that that organ be interfered with as little as possible by the introduction of medicine, although systemic action of medicine, may be much required. In cases of this kind resort must be had to use of suppositories, and the most convenient and easily prepared suppositories are the hollow forms made by W. E. Gibbs, 106 Fulton Street, New York. On another page we give illustrations of the popular forms of suppositories as he supplies them both for urethra and rectal use. The excellent results obtained by this means of exhibiting medicine by leading clinicians is the best endorsement which could be given to the Gibbs Suppositories. An interesting monograph on their use can be obtained by writing to the proprietors at the above address or to Messrs. Schieffelin & Co., New York, who are the sole selling agents for this line.

"IF this JOURNAL is mentioned, a full-sized package of Dr. Price's Wheat Flake Celery Food, with its chemical analysis, will be sent by express, free of charge, to the address of any physician requesting same.

Price Cereal Food Co., Chicago.

Thigenol Roche

Sodium salt of the sulphonic acid of a synthetic sulpho oil.

The one Soluble Sulphur Compound that is odorless on use.

A New York specialist in skin diseases (name omitted by request) writes:—"Thigenol apparently has the same good effects as ichthyol; in some instances, its soothing, antipruritic qualities seem to be greater than those of ichthyol."

Thigenol is employed chiefly in skin diseases and gynecological affections.

Digalen

Digitoxinum Solubile Cloetta.

A Distinct Advance in Digitalis Medication.

The most active glucoside of digitalis is now procurable in soluble form. Digalen may be employed per os, per enema, and by intravenous and subcutaneous injection. May be used wherever digitalis is indicated.

Marketed only in solution, because of infinitesimal dosage, in ½-oz. vials.

Thiocol Roche

Potassium Guaiacol-Sulphonate.

A Soluble Form of Guaiacol.

Odorless; non-irritating; readily assimilated.

Clinical reports, published during the past seven years, indicate the value of Thiocol in incipient tuberculosis, bronchitis, winter coughs, typhoid fever, pneumonia, malaria.

Procurable in three forms: Powder; 5-grn. Tablets; Syr. Thiocol Roche.

Airol Roche

Bismuth Oxyiodogallate.

Odorless Wound Antiseptic.

"I have had marvellous results with Airol, and shall continue to use it in preference to iodoform," writes a physician of Holland, Indiana.

For samples and literature:—Mark the name of the medicament of which you desire a sample; cut out this ad, and mail it to us with your address.

THE HOFFMANN-LaROCHE CHEMICAL WORKS, 51-53 Maiden Lane, New York.

A1

DIETZ BUGGY LAMP

This advertisement is written for the Country Doctor who drives over unlighted, rough country roads. To such the lamp on his buggy is not an ornament, but a necessity to his comfort, even safety, to be used almost nightly.

He may have been fooled many times on Lamps and be wise to the fact that all lamps that glitter with fine paint and plated metal do not light up the road when he needs light.

The body of our Buggy Lamp is drawn from No. 25 gauge sheet steel, in a similar way to a torpedo shell. The top and bottom are double seamed on to the body, which makes the strongest possible construction in stamped metalware. It burns good quality Kerosene (coal oil).

By long experience we have decided that aluminum is the best metal from which to make a reflector, on account of its not tarnishing easily. For this reason, the reflector in our new Lamp is drawn from heavy gauge aluminum (No. 18 gauge) in the same manner as the body; and best of all, it is removable, so that if the reflector does become dirty or tarnished, it can easily be taken out to be cleaned. The reflector is perfectly shaped so as to get the best possible result from the light.

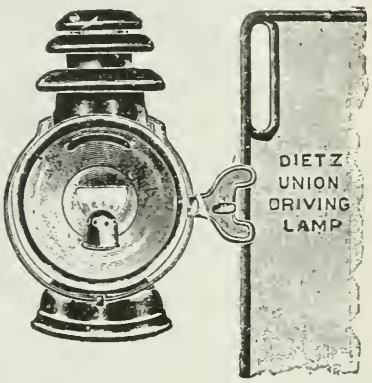
The Lamps are fitted with a one-half inch brass door, in which is set a convex glass, and the contrast of the brass with the black Japan is very pleasing and makes the Lamp very handsome.

The above statements relate to the construction and appearance of the Lamp, but the most important thing about a Buggy Lamp is to have one which gives a good light and will stay alight in the wind and when going over rough roads. This is absolutely true of our Lamp. We make the following statements regarding its operation:

1st. It will stay alight in the strongest wind.
2nd. It will stay alight when going over the roughest roads.
3rd. It will light up the road on a dark night one hundred ft. ahead of the vehicle.

The above three things are the essentials for a Doctor's Buggy Lamp, and our Lamp has them all, and we guarantee it.

We made a special "Trial Offer at Our Expense" in this Journal, January, 1906; look it up.



Our Booklet tells all about the lamp—send for it

R. E. DIETZ COMPANY Established 1840 14 Laight St., NEW YORK, U. S. A.

Digestibility of Highland Brand EVAPORATED CREAM

Natural digestive and laboratory experiments have established the interesting fact that HIGHLAND BRAND EVAPORATED CREAM *is more easily digested than either raw, pasteurized or boiled milk.* The protein is precipitated in a fine flaky condition, while that of raw milk is inclined to be more in the form of a lumpy curd. The butter-fat and milk sugar are both very completely digestible and assimilable and the total energy of Highland Brand Evaporated Cream is almost entirely available.

HIGHLAND BRAND EVAPORATED CREAM is the logical substitute food for infants

Where modification is desired, either simple or with prepared cereals, it can be as easily attained as with raw milk, and there is always the satisfaction of *knowing* that here is a milk free from germ life. Under most conditions all that is necessary is to add boiled water with pure cane sugar in sufficient quantity as indicated by the age of the infant. Literature and samples on request.

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The Lambert-Snyder Vibrator is a practical, inexpensive appliance which should appeal to all physicians who cannot afford or do not care to buy the large and expensive machines. This instrument is so simple that it can be left with the patient to be used in the absence of the attending doctor, with the satisfaction of knowing that there are no delicate parts to break or get out of order. The price has been reduced to physicians from $5.00 to $2.35, carriage prepaid. Write for booklet. Lambert-Snyder Co., No. 10 W. Twenty-second street, New York.

CALCIDIN.

There was the day when I doubted the merits of Calcidin. I lost a few cases of croup in high altitude and the article I used had probably dried out. Of late I have been particular to observe what a new "clamp" Calcidin would do and I find it gets there. Now wherever there is a harsh cough I use it and in diseases like Gonorrheal Rheumatism. I use it with very satisfactory effects. Of course it will not cure a bad case of "death rattle" unaided, but the doctor who investigates its merits will find it pretty good truck for coughs, croups, croupiness and such conditions as used to require Donovan's Solution.

C. E. BOYNTON.

Los Banos, Cal.

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The Business Opportunity Department of CLINICAL MEDICINE has grown until it is now an important feature of the advertising pages. These columns are open to all for Barter, Exchange, For Sale, Help Wanted and similar advertisements.

The Purdue Frederick Co., New York City. announce that their firm is no longer a member of the Proprietary Association of America.

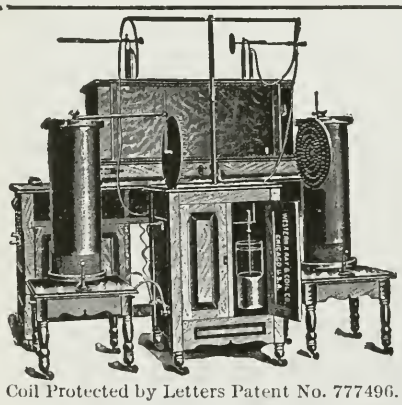
EVERY reader of CLINICAL MEDICINE should read the announcement of Schieffelin & Co., in this issue of the CLINIC, regarding the new refined Antitoxin which they are marketing for the Lederle Laboratories in New York City. Look this up and write them, Doctor.

AN "ALL AROUND" JOURNAL.

"THE AMERICAN JOURNAL OF CLINICAL MEDICINE is the best "all around" medical journal that comes to my desk.

Dr. R. C. Engel, 1309 Broadway,
Cleveland, Ohio.

AMONG other advertisers who have furnished formulas for consideration are the Satyria Co., St. Louis; The Pas-Avena Co., New York; the Anasarcin Co., Winchester, Tenn.; and the Oxychlorine Co., Chicago, all of which are on file at this office.



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Were given the

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at the Louisiana Purchase Exposition for Superiority. The most eminent Electro-therapeutists indorse **Western** coils as being the best on the market.

WE THOROUGHLY GUARANTEE every **Western** Coil against breaking down or burning out for a period of Five years.

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Every Physician knows the nutritive and therapeutic value of Grape Juice, but how few opportunities they have to know positively, each time they prescribe or recommend it, that their patients will be given absolutely **pure** Grape Juice. To remedy this prevalent fault, we earnestly request all physicians to specify **RANDALL'S GRAPE JUICE,** and thus teach those under their care to know once for all,—The Sign of Purity—the highest perfection in Unfermented Grape Juice.

It not only annoys but disgusts the best of men to see the many adulterated foods placed upon the market, some of which are even offered to the sick, and it behooves every physician to do his part toward eradicating this evil. In the use of Grape Juice—at all times—**specify RANDALL'S** and have the assurance of recommending the highest quality, that which stands above the reach of competition.

Literature Free.—Sample, 3 oz., six cents; four 3 oz. bottles sixteen cents; full pint, twenty-five cents, express prepaid.

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RIPLEY, N. Y. "Home of the Concord Grape."

In Prescribing specify *(in writing)* Randall's

The one distinctive feature of

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is its uniform efficacy in debilitated patients of all ages--the child, the adult, the aged. It improves the appetite, creates digestive vigor, promotes assimilation and--most important--has no deleterious after effects.

Gray's Tonic has become the standard remedy for anaemia, malnutrition and nervous exhaustion, from whatever cause.

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We are informed that this drug is made from the juice of the Brazilian Euphorbia heterodoxa, belonging to the Euphorbiacea. This remedy, while it has been little used in this country, has valuable medicinal properties which especially adapt it for local use in ulcerated and other depraved uterine states.

A letter to the manufacturers will secure all desired information. Address Kahama Chemical Co., St. Louis.

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Too often we use a microscope to discover faults and use blue spectacles to see virtues.

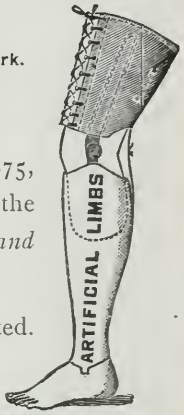
C. L. TATE

Manufacturer of

"PERFECTION"

Artificial Limbs

Nothing but First-Class Work.
The Best Material Used.



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Physicians orders solicited.

For particulars address,

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Duotonol Tablets

(Schering's Glycerophos. Lime and Soda)

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Readily Assimilated Blood, Nerve and Tissue Nutrients Supplying the Exhausted Cells with Organic Phosphorus

Far perferable to bulky, unstable, expensive elixirs and syrups which contain undesirable ingredients (alcohol, glucose, etc.)

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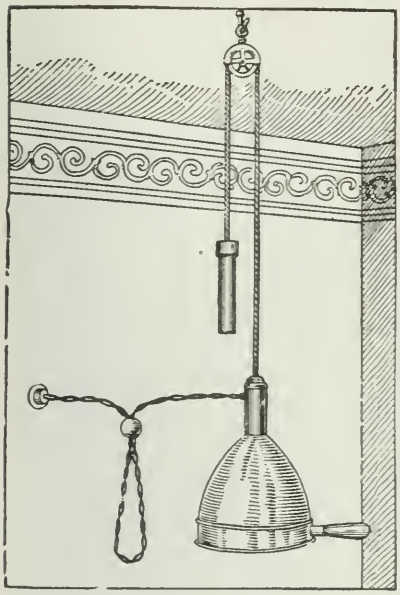

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OUR PRICE:

Large Lamp (complete)	$25.00
Small " "	10.00
(3) Colored Globes ($2.50 each)	7.50
Total	**$42.50**

STIMULATION WITHOUT IRRITATION.

The best Therapeutic Lamp and most complete outfit on the market.

A combination of efficiency, durability, simplicity and reasonable price.

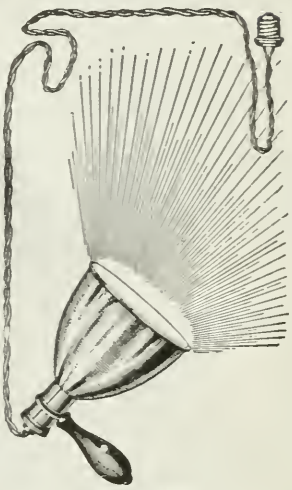
CAN BE ATTACHED TO ANY LIGHTING CIRCUIT.

Endorsed and used by Hospitals and prominent physicians throughout the country.

Quickly relieves all acute and chronic inflammations. Relieves pain quicker than hypodermic of morphia and is germicidal in action.

New Features: Small lamp for small areas; can be carried in your grip, used for mouth and vaginal treatments; (3) colored globes (red, violet and yellow for different diseases.)

Sold to Physicians Only.



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Special Offer: Large Lamp, Small Lamp and (3) extra globes for thirty dollars ($30.00).

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(INCORPORATED)

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Don't you equip yourself with "Allison" appliances and be able to look after your practice more easily and more satisfactorily ?

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Allison appliances are designed with a view to the needs of the busy practitioner, and our catalogue "A" shows an extensive line of modern tables, chairs and cabinets, every one of which includes conveniences that are of invaluable assistance to the Doctor. Our prices and terms are reasonable.

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"LAXATOLINE"

(Dioxytriphenylphtalide)

A TRUE LAXATIVE: Does not "Gripe" or Purge: Never induces "Habit." Is Not Objectionable to the Taste but pleasant. A most useful and perfectly-innocent preparation for the Treatment of Modern Constipation which is not truly a Disease but a Habit. "LAXATOLINE" is offered in Two-Grain Tablets: One or two at night will usually prove efficacious. In old-standing and obstinate cases the Bowel Should be Emptied First With Enemata and Laxatoline (One Tablet) given with hot water morning and night for a few days. Then, One Tablet at Bedtime.

Laxatoline is offered and prepared only by

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Write for Literature and Sample. Mention this Journal.

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Physicians who desire to buy, sell or exchange locations, practice, property, apparatus, books, furniture. etc., or who desire to secure positions, assistantships or help, should use these columns.

Rates: $1.00 for 25 words or less, additional words, 4 cents each. Remittance must accompany order.

The words, "Wanted," "For Sale," etc., also the address and street number must be counted in determining number of words. No advertisement inserted for less than $1.00. In answering advertisements have your return notice on envelope. Copy must be received by the 10th of the preceding month for the next month's issue

THE AMERICAN JOURNAL
OF CLINICAL MEDICINE
ADVERTISING DEPARTMENT,
Ravenswood Station, Chicago.

WANTED—WE WILL PAY $5.00 EACH FOR GOOD Photographs of the following cases: Eczema pustolosum, Eczema crustosum, Eczema erythymatosum, Eczema hypertrophicam, Eczema infantile (on body preferred), Eczema papulosum, Eczema squamosum, Eczema vesiculosum, Eczema seborrhaecum, Psoriasis, Varicose ulcers, Syphilitic eruption (on body), or any chronic constitutional skin disease. To be used for ethical purposes. For particulars, address D. T. Horton, 112 Superior St., Cleveland, Ohio.

FOR SALE—A $20,000 SURGICAL PRACTICE IN Detroit; $3,500 practice in north-eastern Iowa; drug store in central Wisconsin; $30,000 sanitarium in north-eastern Pennsylvania; $1,300 practice in north-eastern Ohio; $6,000 practice in Chicago; $2,500 practice in central Indiana; $3,000 specialty practice in Richmond, Va.; $1,500 practice in central Indiana. Also surgical chairs, microscopes, charts, batteries, medical books and lecture tickets. Address, National Medical Exchange, Elkhart, Ind.

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WANTED—TO EXCHANGE NEW AND SECONDhand medical books, charts, medical lecture tickets, real estate and office supplies for legitimate mining and oil stocks. Address, Dr. H. A. Mumaw, Elkhart, Ind.

DOCTOR A PETIN RESIDENCE, ¼ MILE FROM Las Cruces railroad station for sale. Hall and rooms large, ceiling twelve feet high. Good place for tents. Dr. A. Petin, Las Cruces, New Mexico.

$75 TO HUNDREDS OF DOLLARS LOST ANnually by physicians or others not yet using my Collecting Systems. Costs $2. Dr. Hess, Box 23, Philadelphia, Pa.

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can sell your practice or store, find assistants, partners or locations.

Address 500 BROWN BLOCK, OMAHA, NEB.

The Bloodless Phlebotomist

JUNE
1906

VOL. 2 NO. 3.

ORIGINAL ARTICLES

How May Pathology Become of Importance in Routine Work of Actual Practice
By Louis Faugeres Bishop, M. D., of New York

Treatment of the Drink Habit by Hypno-Suggestion
By John Duncan Quackenbos, M. D., of New York

Some Questions in Medical Deontology
By A. H. Ohmann-Dumesnil, A. M., M. E., M. D., Ph. D., of St. Louis

Osseous Resection, Prosthesis, etc., as a Means of Obviating Amputation
By the late Thomas H. Manley, Ph. D., M. D., of New York

The Bloodless Phlebotomist,

the most unique example of medical journalism, is publishing in its current issue, four original articles which are replete with ideas of interest to every practitioner of medicine. A copy of this issue has been sent to each reader of The American Journal of Clinical Medicine. If any physician fails to receive a copy, a post card sent to the publishers, 57 Laight St., New York, will be sufficient to bring forth a prompt response.

SYMPTOMATIC EPILEPSY

is often cured and always relieved by the "Alkaloidal" Method.

WE appreciate the fact that this neurosis manifests itself in many ways due to many causes; some traumatic, requiring surgical intervention, of a serious character; but the great majority of cases are of reflex origin and are amenable to rational therapeutic means and measures, at the hands of any doctor who clearly appreciates the conditions and will apply the means as laid down in previous issues of this Journal (notably in that of February), reprints from which will be sent to any physician on request.

We now have a record of over 80 per cent cures in a large number of cases, others satisfactorily relieved, and many more under treatment — success after many years. This treatment is based on a full appreciation of Epilepsy as to great variety of cause and manifestation, and is presented with no apology to preconceived ideas, ancient history or prejudice, all of which are a bar to progress.

Most cases of symptomatic epilepsy, properly handled, can be cured, or greatly relieved, and this treatment, properly modified by the attending physician to fit the individual case, along with other necessary measures — remedial, surgical or psychological, will do it.

If you are interested, write for reprints, describe your case.

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REFINED and CONCENTRATED DIPHTHERIA ANTITOXIN

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First—A reduction in both the percentage and severity of rashes following the employment of Antitoxin, the deleterious substances (serum albumens, globulins insoluble in sodium chloride solution and nucleo proteids) in the serum being eliminated by the process of purification and concentration.

Second—An Antitoxin of double the potency, formerly practicable, admitting of the administration of much larger doses in about one-half the bulk heretofore employed.

Third—The possibility of uniformity of strength of the Antitoxin in the various doses, the definite strength per cubic centimeter being indicated on each package.

The high character of Dr. Lederle and the scientists associated with him in the Lederlie Antitoxin Laboratories, fully warrants our unqualified endorsement of this product and we feel will as well assure the medical profession generally of its undoubted merit.

We earnestly solicit your specification of Lederle's refined and concentrated antitoxin and we invite inquiry concerning the technique employed in its production.

SCHIEFFELIN & CO.

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Doctor, the above is a Home Hospital we have arranged in Ravenswood for the entertainment and care of any patient you may desire to place under our personal supervision, or for yourself when from sickness (special or otherwise) or overwork, you need to rest up and recuperate.

Fraternally yours

DR. W. C. ABBOTT

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Write to L. F. VOSBURGH, G. W. P. A., Chicago, for reservation or full particulars.

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It is absolutely non-irritating, pleasant to take, promptly efficient and never gripes. A thoughtful moment must demonstrate to any physician the great utility of this preparation and determine him, if he has not already done so, to introduce it in his practice.

A heaping teaspoonful in a glass of room-warm water before breakfast, for a few mornings, is all that will be required for a convincing demonstration, and we will gladly send samples on request.

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50 West Broadway, New York — Ravenswood Station, CHICAGO — 1361 Franklin St., Oakland, Cal.

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This is the Original and Genuine Saline Laxative

with a few sample reports as to its popularity. All others are jealous piratical attempts at imitation. Imitators Don't Succeed!

No "Just as Good"

Please send ½ doz. lbs. of Saline Laxative as soon as possible. I use it all the time. I have tried others claimed to be "just as good," but they do not "fill the bill."

Janesville, Ia. DR. D. S. BRADFORD.

"Single Handed"

I prescribed Saline Laxative for a little fellow's disordered stomach, sent it single handed and alone to do the work and it did it. I have taken some few doses of it and I confess that its mildness suggests that it is perfect in every respect.

Griffithsville, Ark. DR. R. H. WHITE.

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I have prescribed Saline Laxative for at least 700 different people, and the only complaint I can think of now, is, that it keeps my patrons well and reduces the volume of business which is or should be the aim of all *real* physicians.

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Your Saline Laxative is a splendid refrigerant and anti-ferment, and a sure laxative. I will send other orders soon.

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"More Every Day"

It is the best laxative on the market and I am using more of it every day.

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"A Can a Day"

I have long ago passed the "one can per day" of the Saline Laxative. It does the work.

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"A Superior Preparation"

I have been using Saline Laxative for some time and find your preparation to be superior to any substitute I have tried. I use it now altogether, and would not think of getting along without it.

Anthon, Ia. DR. W. T. SCHWABLAND.

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If you have tried others it won't take you long to determine what you will use.

The Regulation of the Primae Viae and the Control of Intestinal Sepsis with the resulting Autotoxemia is one of the Essential Basic Principles of Therapeutics. Build on this as a Sure Foundation.

Clean Out, Clean Up and Keep Clean

The Waugh-Abbott Intestinal Antiseptic

(Sulphocarbolates Compound)

INTESTINAL
(Waugh-Abbott)
ANTISEPTIC TABLETS.
(377) FORMULA.
Calcium Sulphocarbolate,
Sodium Sulphocarbolate,
Zinc Sulphocarbolate.
INDICATIONS: All fermentative and septic conditions of the alimentary canal, dyspepsia, typhoid fever, diarrhœa, dysentery and bowel troubles of all kinds.
DOSAGE: Adult, one or two tablets every two to six hours, according to circumstances; children in proportion. A full effect has been obtained when the feces are voided a natural color and without odor.
THE ABBOTT ALKALOIDAL CO.,
Manufacturing Chemists,
New York. CHICAGO. San Francisco.

Meets all the indications of an ideal antiseptic for the alimentary canal, acting safely, surely and pleasantly. It is a mentholated combination, in most desirable proportions, of the chemically pure sulphocarbolates of lime, soda and zinc, especially purified by us by a process that eliminates all the objectionable properties of the sulphocarbolates. This combination has been found much more satisfactory than any one of the salts alone. It is indicated in all fermentative and septic conditions—conditions which are the basis of most diseases, acute and chronic.

The W-A Intestinal Antiseptic has no equal as an antiseptic in dyspepsia, diarrhea, dysentry, cholera morbus, cholera infantum, the green stools of nursing babies, flatulence, sour stomach from fermentation and all conditions allied thereto; and when backed up by proper supporting and eliminative measures *it is practically abortive in typhoid fever.*

This antiseptic should, as a general rule, be used in conjunction with strychnine arsenate, the Triple Arsenates with Nuclein, or other indicated tonics, together with eliminative morning doses of our Saline Laxative or Salithia as may be suggested by the conditions present.

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Your W-A Intestinal Antiseptic tablets are all right. I used them recently in a case of Typhoid with excellent results.
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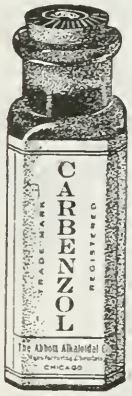

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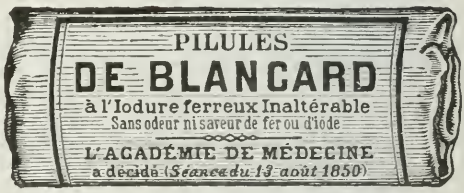
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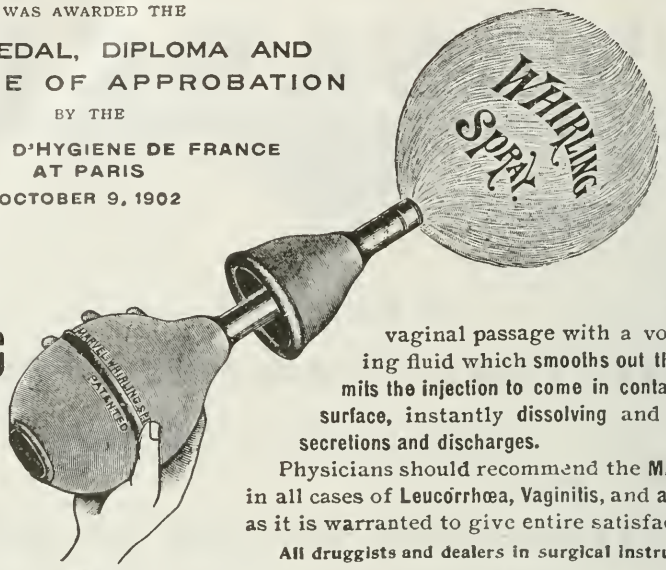

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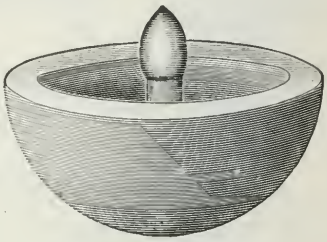

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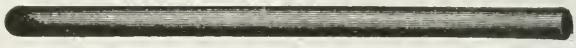

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Listerine Dermatic Soap contains the essential antiseptic constituents of eucalyptus (1%), mentha, gaultheria and thyme (each ½%), which enter into the composition of the well-known antiseptic preparation Listerine, while the quality of excellence of the soap-stock employed as the vehicle for this medication, will be readily apparent when used upon the most delicate skin, and upon the scalp. Listerine Dermatic Soap contains no animal fats, and none but the very best vegetable oils; before it is "milled" and pressed into cakes it is *superfatted* by the addition of an emollient oil, and the smooth, elastic condition of the skin secured by using Listerine Dermatic Soap is largely due to the presence of this ingredient. Unusual care is exercised in the preparation of Listerine Dermatic Soap, and as the antiseptic constituents of Listerine are added to the soap after it has received its surplus of unsaponified emollient oil, they retain their peculiar antiseptic virtues and fragrance.

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Soft flexible case, black seal-grain leather; contains twenty-four 2-dram screw-cap vials (cork vials if preferred); pocket for sundries; flat catch; fitted with our patent spring clasps for holding bottles.

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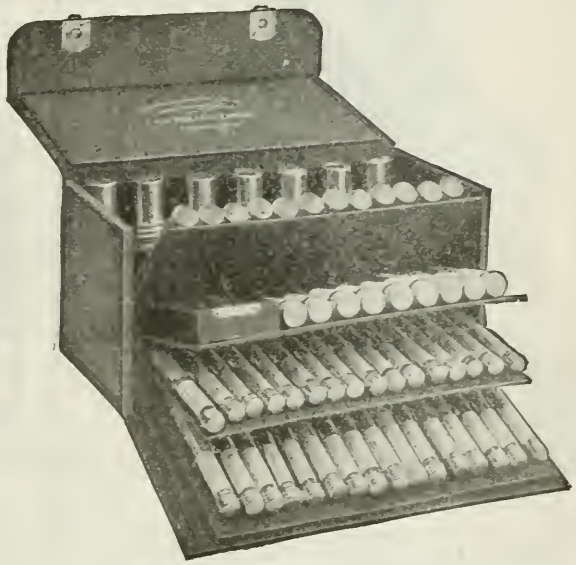

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Hand or Buggy Case, No. 4, filled as per following list:

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1 tube Cardiac, No. 2 ..... No. 119
1 tube {Morphine Sulph. 1-4 gr. / Atropine Sulph. 1-150 gr.} ..... No. 74
1 tube Nitroglycerin ..... 1-100 gr. ..... No. 98
1 tube Strychnine Sulph. ..... 1-20 gr. ..... No. 110
1 tube Adrin and Sparteine (Heart Tonic).

1 1-2 oz. G. S. bottles filled with the following:

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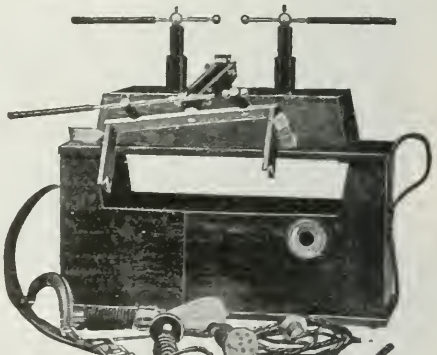

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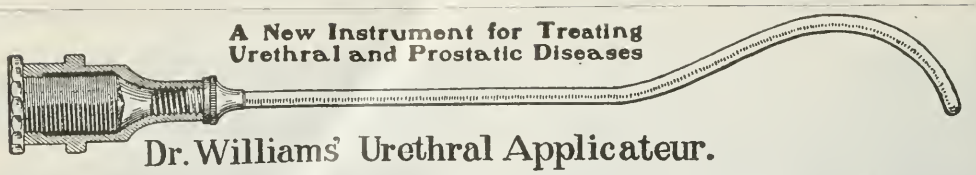

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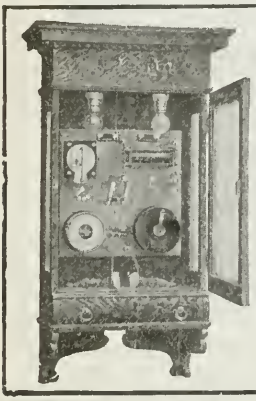

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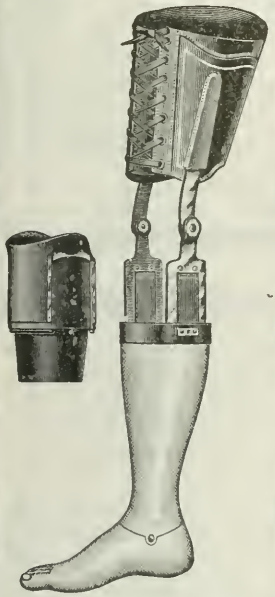

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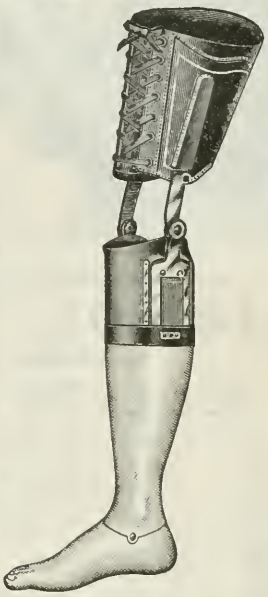

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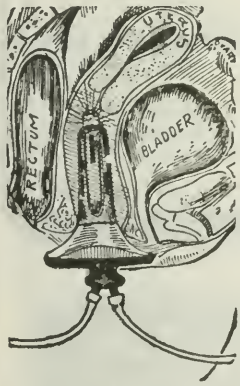

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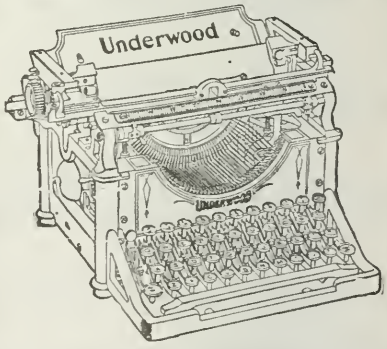

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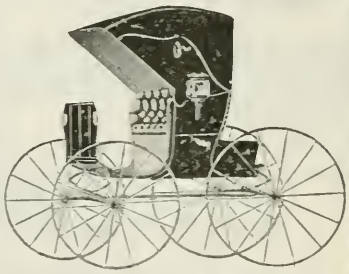

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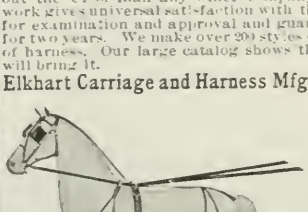

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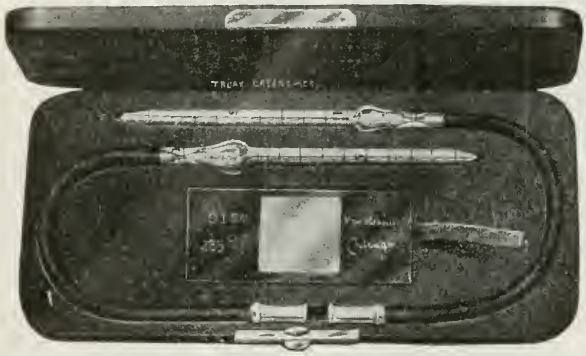

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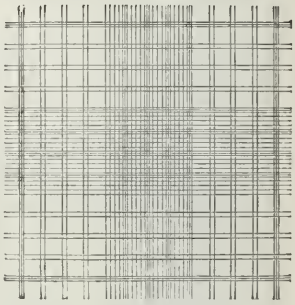

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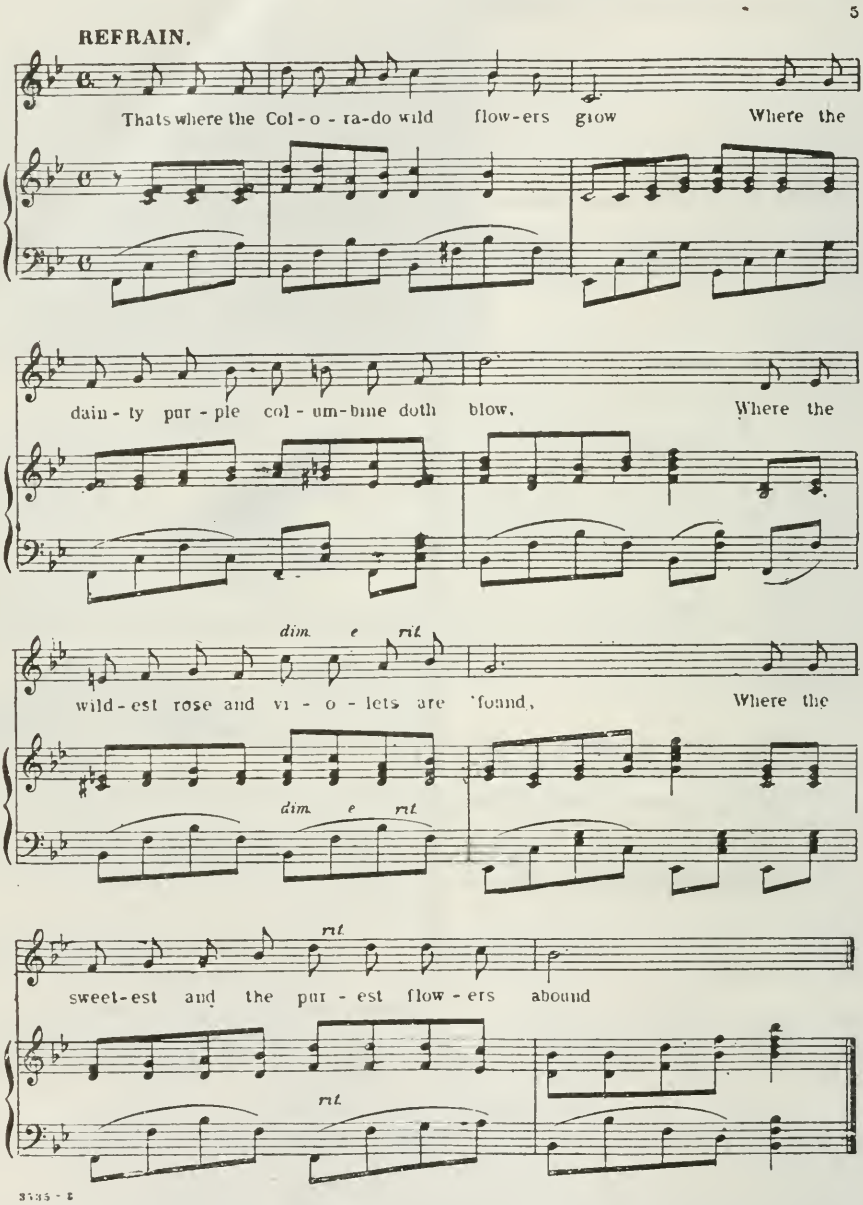
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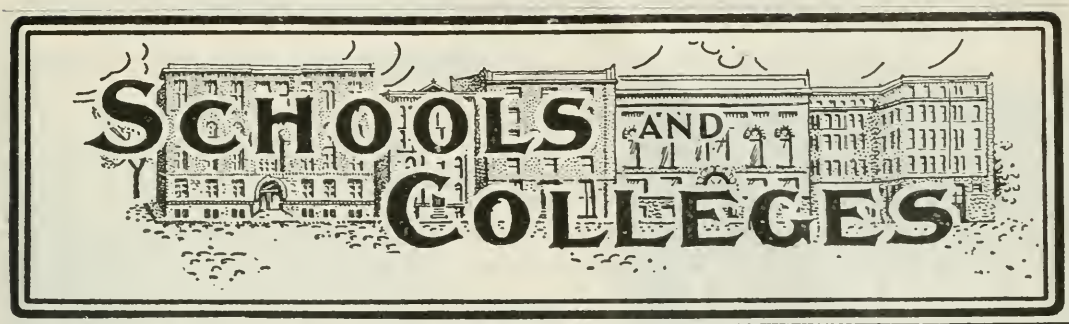

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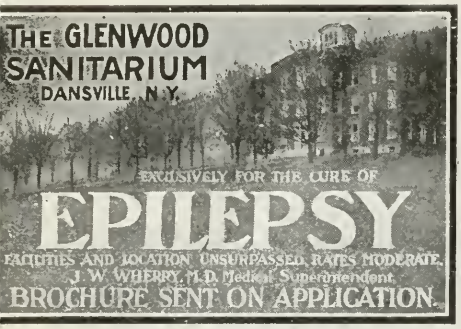

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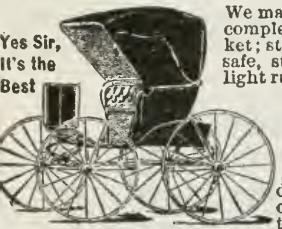

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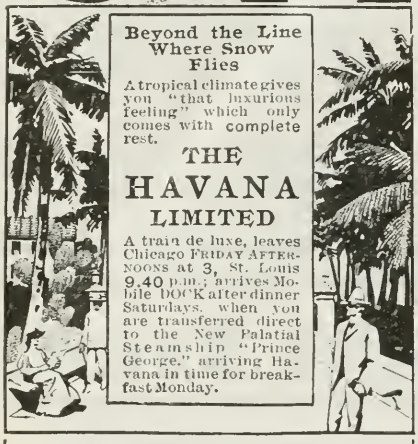

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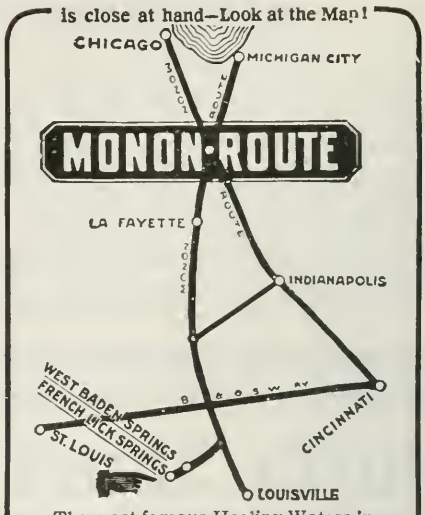

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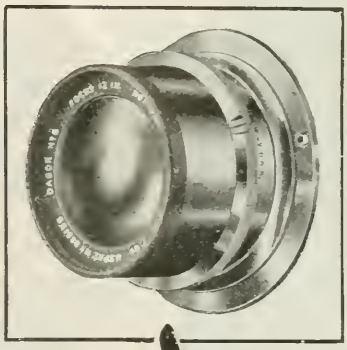

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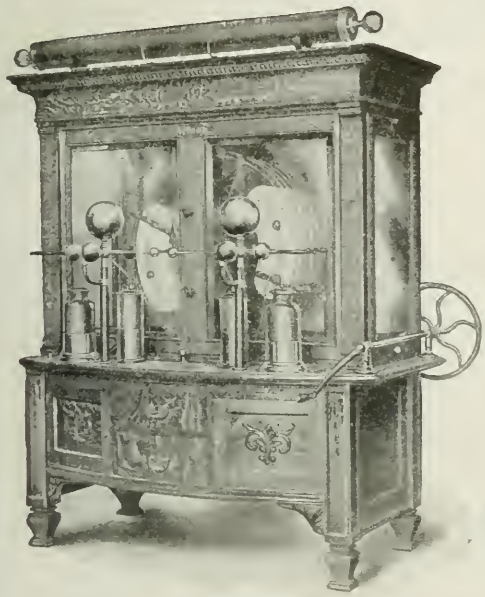

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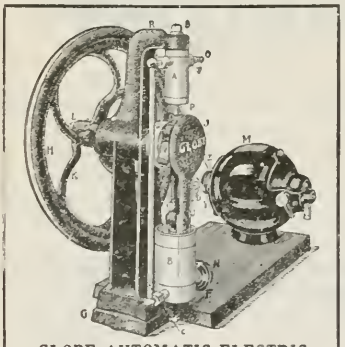

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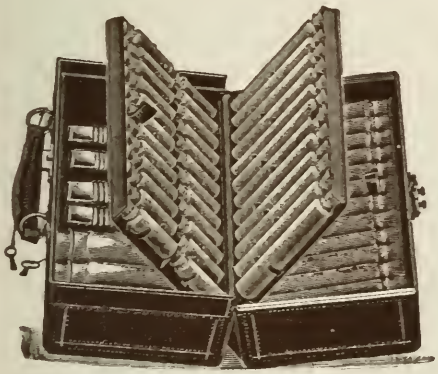

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